a breathing spell from asthma

Quadrinal

a rapid way to clear the airway

- stops wheezing
- increases cough effectiveness
- relieves spasm

In chronic disorders associated with obstructed respiration, the dependable antispasmodic and expectorant action of Quadrinal rapidly clears the bronchial tree. Patients breathe more easily and acute episodes of bronchospasm are often eliminated. Quadrinal is well folerated, even on prolonged administration. The potassium indice in Quadrinal provides an expectorant of time tested effectiveness and safety.

indications: Bronchial asthma, shrenic bronchitis, pulmonary fibrosis, pulmonary emphysema.

Quadrinal Fablets, containing ephedrine HCl (24 mg.), phenobarbital (24 mg.), "Phyllicin" (theophylline calcium salicylate) (130 mg.), and potassivin incline (0.3 Gm.).

Also available -

a new Quadrinal dosage form with taste-appeal for all age groups fruit flavored QUADRINAL SUSPENSION (1 teaspoonful = 1/2 Quadrinal Tablet

KNOLL PHARMACEUTICAL COMPANY, orange, new tersey

"Quadrinal, Physicians





as powerful as the narcotics in cough suppression... but much longer acting

NON-NARCOTIC



SYRUP

one teaspoonful affords 4 to 8 hours' freedom from cough distress ULO maintains its maximal cough-suppressant effect undiminished for 4 to 8 hours, thus calling for fewer daytime doses and usually providing freedom from cough distress through the night.

notable safety

There are no known contraindications. Free from the undesirable side actions of narcotics. Side effects such as nausea and transient dizziness occur infrequently.

extensive clinical experience

Used in thousands of patients with acute cough from any cause, ULO has proved as effective as narcotics but superior to them in duration of action.

Write for Physicians' Reference Brochure with full bibliography.

For Children, too

Exceptionally well tolerated; no narcotic overlay; compatible with other indicated medications.

ULO Syrup, 25 mg. per 5 cc. (teaspoonful), in bottles of 12 fluid ounces.



Northridge, California



In the grip of G-I spasm...

Convertin[®]-H

DIGESTIVE ENZYMES WITH ANTISPASMODIC

For gratifying relief from painful G-I spasm ρ/us relief of maldigestion syndrome

Relaxes gastrointestinal spasm Improves biliary drainage Enhances digestion of protein

Aids digestion and absorption of fats

Supplements enzymatic digestion

For comprehensive therapy in a wide range of digestive disturbances prescribe . . . CONVERTIN-H



COMPOSITION: In sugar coated outer layer (released in stomach); homatropine methylbromide 2.5 mg., betaine hydrochloride 130 mg., ofeoresin ginger 1, 600 gr. In enteric coated core (released in intestine); pancreatin equiv. N.F. 250 mg., desoxycholic acid 50 mg.

DOSAGE: 1 or 2 tablets with or just after meals.

SUPPLIED: Bottles of 84 and 500 tablets; on prescription only.



B. F. ASCHER & CO., INC. Ethical Medicinals, Kansas City, Mo.

Your public relations problem has been our prime consideration in collection procedures during two generations of ethical service to the Medical Profession.

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Since 1916

FOUR OFFICES FOR YOUR CONVENIENCE:

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FUNDAMENTALS OF NERVE BLOCKING

By VINCENT J. COLLINS, M.D., with the assistance of EMERY ANDREW ROVENSTINE, M.D. 354 pages. 144 illustrations. Lea & Febiger, \$9.50.

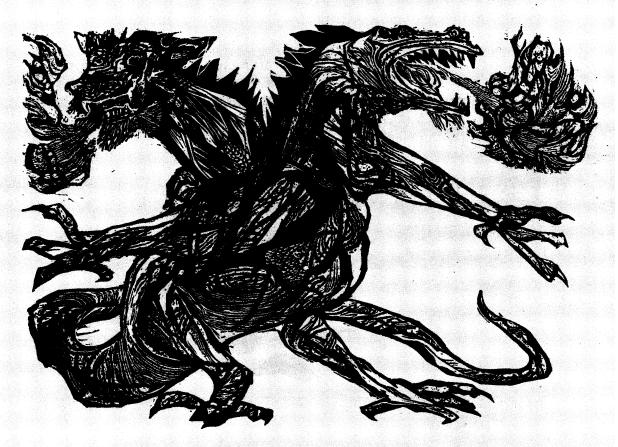
Physicians who want to know when, where, and how to relieve pain by simple, easily applied nerve blocks will find this book to be a sound, dependable guide to both principles and technics. Illustrated with superb anatomical diagrams. Pain of bursitis, the neuralgias, malignancies, amputations, vascular diseases, tumors, visceral pain, even frostbite, asthma and shingles, are but a few of the many conditions met in general practice that are covered in this new and highly useful book.

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When severe pain accompanies skeletal muscle spasm ease both 'pain & spasm'



obaxisa with ROBAXIN® with Aspirin

A dual-acting skeletal muscle relaxant-analgesic, combining the clinically proven relaxant action of ROBAXIN with the time-tested pain relieving action of aspirin.

Each ROBAXISAL Tablet contains:

ROBAXIN (methocarbamol Robins) 400 mg. Acetylsalicylic acid (5 gr.).......... 325 mg. U.S. Pat. No. 2770649
Supply: Bottles of 100 and 500 pink-and-white laminated tablets.

Or ROBAXISAL®-PH (ROBAXIN with Phenaphen®) — when anxiety is associated with painful skeletal muscle spasm.

Each ROBAXISAL-PH Tablet contains:

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no cures in the first ten million "tries"

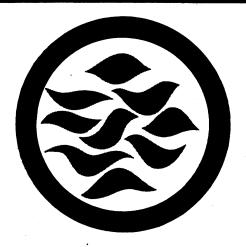
only consistent, sustained relief of cold symptoms

In 9 years Novahistine formulas haven't cured a single cold but, according to National Prescription Audits, they have been prescribed for relief of symptoms in over 10,000,000 patients.

Novahistine LP, for instance, brings prompt, continuous cold symptom relief for 8 to 12 hours. Two Novahistine LP tablets in the morning and two in the evening will control the average patient's cold discomforts. Each tablet contains 25 mg. phenylephrine hydrochloride and 4 mg. chlorprophenpyridamine maleate.

Novahistine LP





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PITMAN-MOORE COMPANY DIVISION OF ALLIED LABORATORIES, INC., INDIANAPOLIS 6, INDIANA

on the pathogenesis of pyelonephritis:

"An inflammatory reaction here [renal papillae] may produce sudden rapid impairment of renal function. One duct of Bellini probably drains more than 5000 nephrons. It is easy to see why a small abscess or edema in this area may occlude a portion of the papilla or the collecting ducts and may produce a functional impairment far in excess of that encountered in much larger lesions in the cortex."

The "exquisite sensitivity" of the medulla to infection (as compared with the cortex), highlights the importance of obstruction to the urine flow in the pathogenesis of pyelonephritis. "There is good cause to support the belief that many, perhaps most, cases of human pyelonephritis are the result of infection which reaches the kidney from the lower urinary tract."



to eradicate the pathogens no matter the pathway

FURADANTIN

High urinary concentration • Glomerular filtration plus tubular excretion • Rapid antibacterial action • Broad bactericidal spectrum • Free from resistance problems • Well tolerated—even after

prolonged use • No cross resistance or cross sensitization with other drugs

Average Furadantin Adult Dosage: 100 mg. tablet q.i.d. with meals and with food or milk on retiring. Supplied: Tablets, 50 and 100 mg.; Oral Suspension, 25 mg. per 5 cc. tsp.

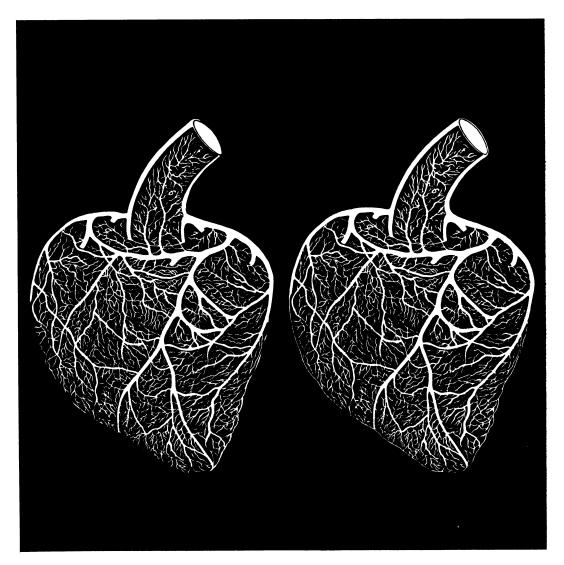
References: 1. Schreiner, G. E.: A.M.A. Arch. Int. M. 102:32, 1958. 2. Freedman, L. R., and Beeson, P. B.: Yale J. Biol. & Med. 30:406, 1958. 3. Rocha, H., et al.: Yale J. Biol. & Med. 30:341, 1958.



brand of nitrofurantoin

NITROFURANS—a unique class of antimicrobials

EATON LABORATORIES, DIVISION OF THE NORWICH PHARMACAL COMPANY, NORWICH, N. Y.



Clark treated 31 anginal patients who showed signs of anxiety, fear, excitement and other forms of emotional stress. On CARTRAX, all 31 fared better than they had on previous therapy...as judged both by subjective reports and by reduced nitroglycerin requirements.*

CARTRAX combines PETN (for prolonged vasodilation) with ATARAX (the tranquilizer preferred for angina patients because of its safety and mild antiarrhythmic properties). Thus, CARTRAX helps you to cope with both components of angina pectoris-circulatory and emotional.

For a better way to help your angina patients relax, prescribe CARTRAX.

*Clark, T. E., in press.

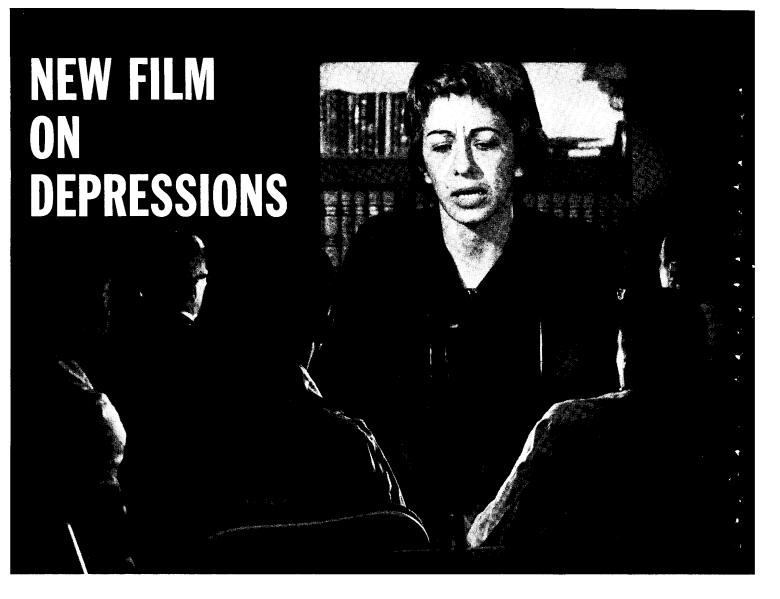
PETN[†] + ATARAX[®]th Dosage: Begin with 1 to 2 yellow CARTRAX "10" tablets (10 mg. PETN plus 10 mg. ATARAX) 3 to 4 times daily. For dosage flexibility, CARTRAX "20" (pink) tablets (20 mg. PETN plus 10 mg. ATARAX) may be utilized at a level of one tablet three to four times a day. The tablets should be administered before meals for optimal response. For convenience, write "CARTRAX 10" or "CARTRAX 20." As with all nitrates, use with caution in glaucoma.

Supplied: In bottles of 100. Prescription only.



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† pentaerythritol tetranitrate †† brand of hydroxyzine



the diagnosis and treatment of

DEPRESSIONS in private practice

Prepared and narrated by S. Bernard Wortis, M.D., Dean of the School of Medicine and Post-Graduate Medical School, Chairman and Professor of the Department of Neurology and Psychiatry, New York University Medical Center

This timely teaching film is now available for showing to interested professional groups.

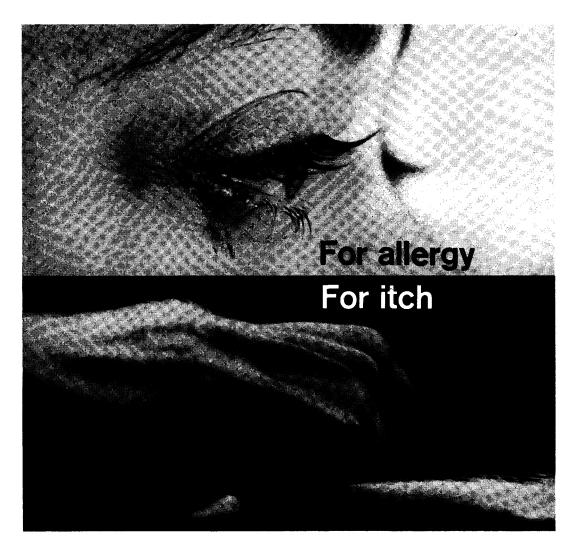
The film describes and illustrates the signs of depressions commonly seen in general medical practice, and outlines suggested plans of treatment by the family physician. Suggestions are given on methods of handling suicide risk, referral, treatment in consultation, and hospitalization.

The film is black and white, sound-on-film, runs about 20 minutes and contains no commercial material.

To arrange for a group showing, please write the date you wish to show the film (list alternate dates, if possible) and the number of physicians expected to attend.

Mail your request to:

Professional Services Dept. WALLACE LABORATORIES Cranbury, N. J.



In a nation-wide clinical trial, 183 physicians have reported on the first 1000 cases of allergy and/or pruritus treated with Forhistal. In the 539 cases in which a comparison was made, Forhistal was judged better than previous therapy in 8 out of 10 patients. Watch your mail for more details of this important study, and for complete information about Forhistal, including dosage, side effects (such as drowsiness) and cautions.

SUPPLIED: Tablets, 1 mg. (pale orange, scored). Lontabs, 2.5 mg. (orange). Syrup (pink), containing 1 mg. Forhistal maleate per 5-ml. teaspoon. Pediatric Drops (pink), containing 0.5 mg. Forhistal maleate per 0.6 ml.

FORHISTAL® maleate (dimethpyrindene maleate CIBA) LONTABS® (long-acting tablets CIBA)



Forhistal[®] rated better than previous therapy in 8 cases out of 10

2/2872MK-1

STAPHCILLIN[™]

(sodium dimethoxyphenyl penicillin) For Injection

DESCRIPTION

STAPHCILLIN is a unique new synthetic parenteral penicillin produced by Bristol Laboratories for the specific treatment of staphylococcal infections due to resistant organisms. Its uniqueness resides in its property of resisting inactivation by staphylococcal penicillinase. It is active against strains of staphylococci which are resistant to other

Each dry filled vial contains: 1 Gm. STAPHCILLIN (sodium dimethoxyphenyl penicillin), equivalent to 900 mg. dimethoxyphenyl penicillin activity.

INDICATIONS

STAPHCILLIN is recommended as specific therapy only in infections due to strains of staphylococci resistant to other penicillins, e.g.:

Skin and soft tissue infections: cellulitis, wound infections, carbuncles, pyoderma, furunculosis, lymphangitis and lymphadenitis.

Respiratory infections: staphylococcal lobar or bronchopneumonia, and lung abscesses combined with indicated surgical treatment.

Other infections: staphylococcal septicemia, bacteremia, acute or subacute endocarditis, acute osteomyelitis and enterocolitis.

Infections due to penicillin-sensitive staphylococci, streptococci, pneumococci and gonococci should be treated with Syncillin® or parenteral penicillin G rather than STAPHCILLIN. Treponemal infections should be treated with parenteral penicillin G.

DOSAGE AND ADMINISTRATION

STAPHCILLIN is well tolerated when given by deep intragluteal or intravenous injection.

As is the case with other antibiotics, the duration of therapy should be determined by the clinical and bacteriological response of the patient. Therapy should be continued for at least 48 hours after the patient has become afebrile, asymptomatic and cultures are negative. The usual duration has been 5-7 days.

Intramuscular route: The usual adult dose is 1 Gm. every 4 or 6 hours. Infants' and children's dosage is 25 mg. per Kg. (approximately 12 mg. per pound) every 6 hours.

Intravenous route: 1 Gm. every 6 hours using 50 ml. of sterile saline solution at the rate of 10 ml. per minute.

*Warning: Solutions of STAPHCILLIN and kanamycin should not be mixed, as they rapidly inactivate each other. Data on the results of mixing Staphcillin with other antibiotics are being accumulated.

DIRECTIONS FOR RECONSTITUTION

Add 1.5 ml. sterile distilled water or normal saline to a 1 Gm. vial and shake vigorously. Withdraw the clear, reconstituted solution (2.0 ml.) into a syringe and inject. The reconstituted solution contains 500 mg. of STAPHCILLIN per ml. Reconstituted solutions are stable for 24 hours under refrigeration.

For intravenous use, dilute the reconstituted dose in 50 ml. of sterile saline and inject at the rate of 10 ml. per minute.

*This statement supersedes that in the Official Puckage Circulars dated September and/or October, 1960.

(continued)

ANNOUNCING— SPECIFICALLY FOR INFECTIONS DUE TO "RESISTANT" STAPHYLOCOCCI

AN ENTIRELY NEW SYNTHETIC "STAPH-CIDAL" PENICILLIN

UNIQUE—BECAUSE IT RETAINS ANTIBACTERIAL ACTIVITY IN THE PRESENCE OF STAPHYLOCOCCAL PENICILLINASES WHICH INACTIVATE OTHER PENICILLINS



MICROBIOLOGICAL AND PHARMACOLOGICAL PROPERTIES

In vitro studies show that Staphcillin is a bactericidal penicillin with activity against staphylococci resistant to penicillin G. Strains of staphylococci so far tested have been sensitive to Staphcillin in vitro at concentrations of 1-6 mcg. per ml. These levels are readily attained in the blood and tissues by administration of Staphcillin at the recommended dosage. This unique attribute is probably due to the fact that Staphcillin is stable in the presence of staphylococcal penicillinase. Staphcillin also resists degradation by B. cereus penicillinase. The antimicrobial spectrum of Staphcillin with regard to other microorganisms is qualitatively similar to that of penicillin G; but considerably higher concentrations of Staphcillin are required for bactericidal activity than is the case with penicillin G.

STAPHCILLIN is rapidly absorbed after intramuscular injection. Peak blood levels (6-10 mcg./ml. on the average after a 1.0 Gm. dose) are attained within 1 hour; and then progressively decline to less than 1 mcg. over a 4 to 6 hour period. It is poorly absorbed from the gastro-intestinal tract. STAPHCILLIN is rapidly excreted by the kidney.

As shown by animal studies, STAPHCILLIN is readily distributed in body tissues after intramuscular injection. Of the tissues studied, highest concentrations are reached in the kidney, liver, heart and lung in that order; the spleen and muscles show lower concentrations of the antibiotic. STAPHCILLIN diffuses into human pleural and prostatic fluids, but its diffusion into the spinal fluid has not yet been completely studied. However, one patient with meningitis showed a significant concentration in his spinal fluid while on STAPHCILLIN therapy.

Toxicity studies with STAPHCILLIN and penicillin G in animals show that they have approximately the same low order of toxicity.

Certain staphylococci can be made resistant to STAPHCILLIN in the laboratory, but this resistance is not related to their penicillinase production. During the clinical trials, no STAPHCILLIN-resistant strains of staphylococci were observed or developed; the possibility of the emergence of such strains in the clinical setting awaits further observation.

PRECAUTIONS

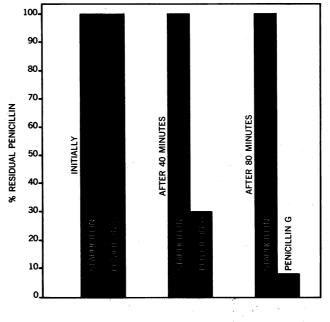
During the clinical trials, several mild skin reactions, e.g., itching, papular eruption and erythema were observed both during and after discontinuance of Staphcillin therapy. Patients with histories of hay fever, asthma, urticaria and previous sensitivity to penicillin are more likely to react adversely to the penicillins. It is important that the possibility of penicillin anaphylaxis be kept in mind. Epinephrine and the usual adjuvants (antihistamines, corticosteroids) should be available for emergency treatment. Because of the resistance of Staphcillin to destruction by penicillinase, parenteral B. cereus penicillinase may not be effective for the treatment of allergic reactions. Information with regard to cross-allergenicity between penicillin G, penicillin V, phenethicillin (Syncillin) and Staphcillin is not available at present. If superinfection due to Gram-negative organisms or fungi occurs during Staphcillin therapy, appropriate measures should be taken.

SUPPLY

List 79502 - 1.0 Gm. dry filled vial.

BRISTOL LABORATORIES • SYRACUSE, NEW YORK

Division of Bristol-Myers Company



In the presence of staphylococcal penicillinase, STAPHCILLIN remained active and retained its antibacterial action. By contrast, penicillin G was rapidly destroyed in the same period of time. (After Gourevitch et al., to be published)

Specifically for "resistant" staph...

Standellin Sodium dimethoxyphenyl penicillin FOR INJECTION

The failure of staphylococcal infections to respond to penicillin therapy is attributed to the penicillin-destroying enzyme, penicillinase, produced by the invading staphylococcus.

Unlike other penicillins:

PENICILLIN

STAPH-CIDAL

SYNTHETIC

UNIQUE

- 1 STAPHCILLIN is effective because it retains its antibacterial activity despite the presence of staphylococcal penicillinase.
- 2 The clinical effectiveness of STAPHCILLIN has been confirmed by dramatic results in a wide variety of infections due to "resistant" staphylococci, many of which were serious and life-threatening.

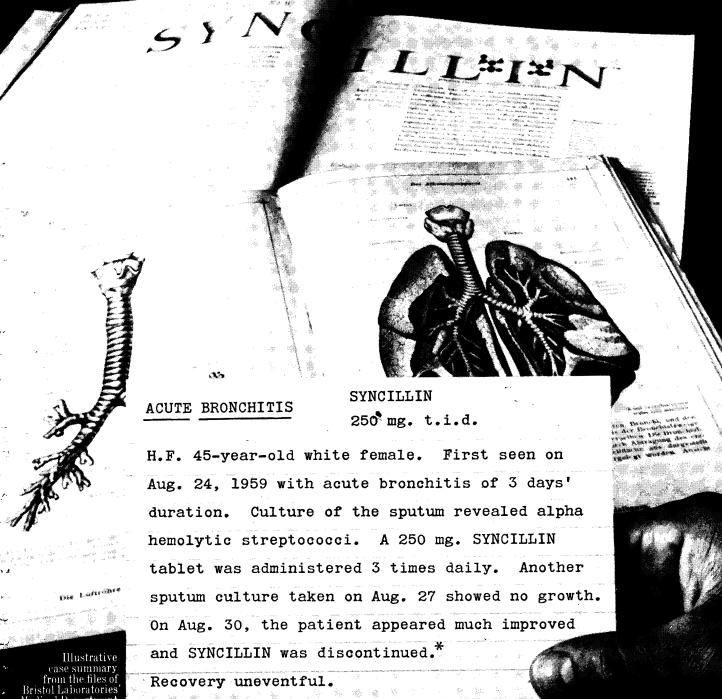
Like other penicillins:

STAPHCILLIN has no significant systemic toxicity. It is well tolerated locally, and pain or irritation at the injection site is comparable to that following the injection of penicillin G. In occasional cases, typical penicillin reactions may be experienced.

PROFESSIONAL INFORMATION SERVICE—The attached Official Package Circular provides complete information on the indications, dosage, and precautions for the use of STAPHCILIN. If you desire additional information concerning clinical experiences, with STAPHCILIN, the Medical Department of Bristol Laboratories is at your service. You may direct your inquiries via collect telephone call to New York, PLaza 7-7061, or by mail to Medical Department, Bristol Laboratories, 630 Fifth Ave., N.Y. 20, N.Y.

BRISTOL LABORATORIES · SYRACUSE, NEW YORK

Division of Bristol-Myers Company



case summary from the files of Bristol Laboratories' Medical Department

THE ORIGINAL phenethicillin

(phenoxyethyl penicillin potassium)

FIRST SYNTHESIZED AND MADE AVAILABLE BY BRISTOL LABORATORIES

A dosage form to meet the individual requirements of patients of all ages in home, office, clinic, and hospital:

 $Syncillin\ Tablets-250\ mg.\ (400,000\ units)\dots Syncillin\ Tablets-125\ mg.\ (200,000\ units)$

 $Syncillin \ for \ Oral \ Solution-60 \ ml. \ bottles-when \ reconstituted, 125 \ mg. \ (200,000 \ units) \ per \ 5 \ ml.$

Syncillin Pediatric Drops - 1.5 Gm. bottles. Calibrated dropper delivers 125 mg. (200,000 units)

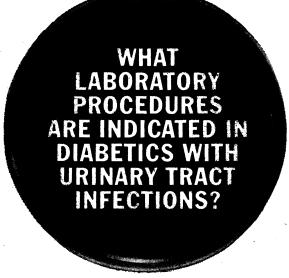
*Streptococcal infections should be treated for at least 10 days to prevent the development of rheumatic fever and as prophylaxis against bacterial endocarditis in susceptible patients.

Complete information on indications, dosage and precautions is included in the circular accompanying each package.

BRISTOL LABORATORIES, Div. of Bristol-Myers Co., SYRACUSE, N.Y. (BRISTOL

AN AMES CLINIOU

CLINICAL BRIEFS FOR MODERN PRACTICE



A urine culture is absolutely essential in the diabetic suspected of having a urinary tract infection since such infection is not always accompanied by pyuria. It is also essential to keep the urine free from sugar—as shown by frequent urine-sugar tests—for successful therapy. Source: Harrison, T. R., et al.: Principles of Internal Medicine, ed. 3, New York, McGraw-Hill Book Co., 1958, p. 620.

the most effective method of routine testing for glycosuria...

color-calibrated

the standardized urine-sugar test for reliable quantitative estimations

Urinary tract infections are about four times more frequent in the diabetic than in the non-diabetic. The prevention and treatment of urinary tract infections, as well as the avoidance of other complications of diabetes, are significantly more effective in the well-controlled diabetic. The patient should be impressed repeatedly with the importance of continued daily urine-sugar testing-especially during intercurrent illness-and warned of the consequences of relaxed vigilance.

"urine-sugar profile" With the new Graphic Analysis Record included in the CLINITEST Urine-Sugar Analysis Set (and in the tablet refills), daily urine-sugar readings may be recorded to form a graphic portrayal of glucose excretion most useful in clinical control.

- motivates patient cooperation through everyday use of Analysis Record
- reveals at a glance day-to-day trends and degree of control
- provides a standardized color scale with a complete range in the familiar blue-toorange spectrum

guard against ketoacidosis ... test for ketonuria for patient and physician use

ADDED SAFETY FOR DIABETIC CHILDREN Reagent Tablets Reagent Strips

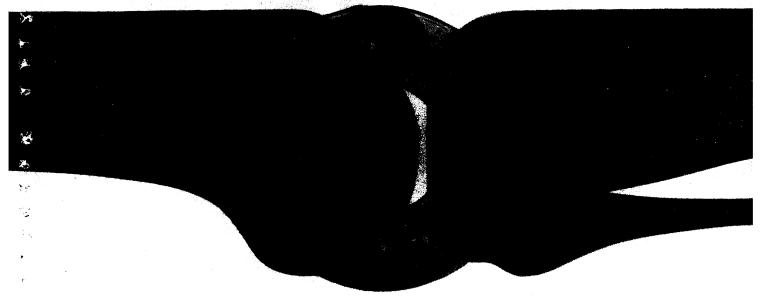


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brand of phenylbutazone

Geigy

in arthritis and allied disorders



Ten years of world-wide experience...almost 2000 published reports... have progressively entrenched Butazolidin as the leading nonhormonal antiarthritic agent.

In virtually all forms of arthritic disorder, Butazolidin affords prompt symptomatic and objective improvement without development of tolerance . . . without danger of hypercortisonism.

Butazolidin[®], brand of phenylbutazone, tablets of 100 mg.; Butazolidin[®] alka capsules containing Butazolidin, 100 mg.; dried aluminum hydroxide gel, 100 mg.; magnesium trisilicate, 150 mg.; homatropine methylbromide, 1.25 mg.

Geigy Pharmaceuticals
Division of Geigy Chemical Corporation
Ardsley, New York
BU 564-61



NO TASTE FATIGUE EXCELLENT RESULTS NO CONSTIPATION

the most widely prescribed and most wearable of all antacids

suspension

tablets



Available: Tablets, 10 mg., 25 mg., 50 mg., 100 mg. and 200 mg.; Ampuls, 1 cc. and 2 cc. (25 mg./cc.); Multiple-dose Vials, 10 cc. (25 mg./cc.); Spansule® capsules, 30 mg., 75 mg., 150 mg., 200 mg. and 300 mg.; Suppositories, 25 mg. and 100 mg.; Syrup, 10 mg. per 5 cc. teaspoonful.

CONTROL WHEN IT IS VITALLY NEEDED: THORAZINE® INJECTION

brand of chlorpromazine

'Thorazine' can rapidly control the severely agitated patient, preventing him from harming himself or those around him. Usually, his belligerence, hostility and excitement are replaced by rational, docile behavior, and he becomes receptive to guidance and counselling.

'Thorazine' is so effective in agitation because it provides an intense tranquilizing effect, for control of both emotional and physical hyperactivity; and a transitory soporific effect, for added initial control of physical hyperactivity.



Smith Kline & French Laboratories



WHENEVER COUGH THERAPY IS INDICATED

HYCOMINE Syrup

THE COMPLETE Rx FOR COUGH CONTROL

cough sedative | antihistamine decongestant | expectorant

■ relieves cough and associated symptoms in 15-20 minutes ■ effective for 6 hours or longer ■ promotes expectoration ■ rarely constipates ■ agreeably cherry-flavored

Each teaspoonful (5 cc.) of HYCOMINE* Syrup contains:

| nycouan- | |
|--|---------------------------|
| Dihydrocodeinone Bitartra (Warning: May be habit-formi Homatropine Methylbromi | ng) } 6.5 mg |
| Pyrilamine Maleate Phenylephrine Hydrochloride Ammonium Chloride Sodium Citrate | 10 mg |
| Average adult dose: One teasp bedtime. May be habit-forming | poonful after meals and a |

Endo®

Literature on request **ENDO LABORATORIES** Richmond Hill 18, New York



you can't presence a more effective antibiotic than

How much "spectrum" do you need in treating an infection? Clearly, you want an antibiotic that will show the greatest activity against the offending organism, and the least activity against non-pathogenic gastro-intestinal flora.

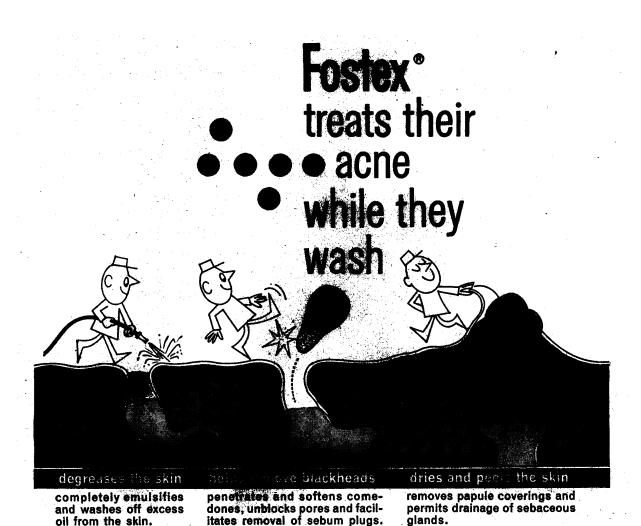
Weigh these criteria-and make this comparisonwhen treating your next coccal infection. Erythrocin is a medium-spectrum antibiotic, notably effective

which means it is delivering a high degree of activity against the majority of common infection-producing bacteria.

And against many of the troublesome "staph" strains -a group which shows increasing resistance to penicillin and certain other antibiotics-Erythrocin continues to provide bactericidal activity. Yet, as potent as Erythrocin is, it rarely has a disturbing effect on normal gastro-intestinal flora. Comes in easy-to-

swallow Filmtabs®, 100 and 250 mg. Usual adult dose is 250 mg. every six hours. Children, in proportion to age and weight. Won't you try Erythrocin? ®Filmtab-Film-sealed tablets, Abbott.





Patients like Fostex because it is so easy to use. They simply wash acne skin 2 to 4 times a day with Fostex Cream or Fostex Cake, instead of using soap.

Fostex contains Sebulytic[®],* a combination of surface-active wetting agents with remarkable antiseborrheic, keratolytic and antibacterial actions...enhanced by sulfur 2%, salicylic acid 2%, and hexachlorophene 1%.*

*sodium lauryl sulfoacetate, sodium alkyl aryl polyether sulfonate and sodium dioctyl sulfosuccinate.



Fostex Cream and Fostex Cake are interchangeable for the rapeutic washing of the skin. Fostex Cream is approximately twice as drying as Fostex Cake.

Fostex Cream is also used as a therapeutic shampoo in dandruff and oily scalp.

Write for samples.

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After a night of deep, refreshing sleep - this is the promise of Noludar 300. One capsule at bedtime acts quickly...eases your patient into sleep without pre-excitement, gives up to 6 or 8 hours of undisturbed sleep without risk of habituation, without toxicity or even minor side effects. Try Noludar 300 for your next patient with a sleep problem. Chances are he'll tell you

"I slept like a log"

OLUDAR 300 brand of methyprylon

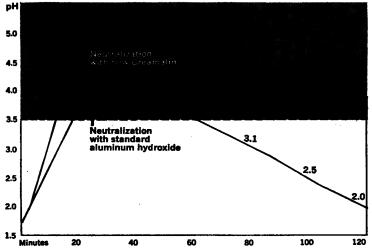
300-mg capsules



At the site of peptic ulcer



Following determination of basel secretion, intragastric pH was continuously determined by means of frequent readings over a two-hour period.



neutralization is much faster and twice as long with

New CREAMALIN ANTACID TABLETS

New proof in vivo! of the much greater efficacy of new Creamalin tablets over standard aluminum hydroxide has now been obtained. Results of comparative tests on patients with peptic ulcer, measured by an intragastric pH electrode, show that new Creamalin neutralizes acid from 40 to 65 per cent faster than the standard preparation. This neutralization (pH 3.5 or above) is maintained for approximately one hour longer.

New Creamalin provides virtually the same effects as a liquid antacid² with the convenience of a tablet.

Nonconstipating and pleasant-tasting, new Creamalin antacid tablets will not produce "acid rebound" or alkalosis.

Each new Creamalin antacid tablet contains 320 mg. of specially processed, highly reactive, short polymer dried aluminum hydroxide gel (stabilized with hexitol) with 75 mg. of magnesium hydroxide. Minute particles of the powder offer a vastly increased surface area for quicker and more complete acid neutralization. Dosage: Gastric hyperacidity—from 2 to 4 tablets as necessary. Peptic ulcer or gastritis—from 2 to 4 tablets every two to four hours. Tablets may be chewed, swallowed whole with water or milk, or allowed to dissolve in the mouth. How supplied: Bottles of 50, 100, 200 and 1000.

1. Data in the files of the Department of Medical Research, Winthrop Laboratories. 2. Hinkel, E. T., Jr.; Fisher, M. P., and Tainter, M. L.: J. Am. Pharm. A. (Scient. Ed.) 48:384, July, 1959.

for peptic ulcer gastritis gastric hyperacidity

Winthrop

New York 18, N. Y.





) EC

attains activity levels promptly

DECLOMYCIN Demethylchlortetracycline attains — usually within two hours—blood levels more than adequate to suppress susceptible pathogens—on daily dosages substantially lower than those required to elicit antibiotic activity of comparable intensity with other tetracyclines. The average, effective, adult daily dose of other tetracyclines is 1 Gm. With DECLOMYCIN, it is only 600 mg.

sustains activity levels evenly

DECLOMYCIN Demethylchlortetracycline sustains, through the entire therapeutic course, the high activity levels needed to control the primary infection and to check secondary infection at the original—or at another—site. This combined action is usually sustained without the pronounced hour-to-hour, dose-to-dose, peak-and-valley fluctuations which characterize other tetracyclines.

TETRACYCLINE
ACTIVITY
WITH
DECLOMYCIN
THERAPY

TETRACYCLINE ACTIVITY WITH OTHER TETRACYCLINE THERAPY DECLOMYCIN-SUSTAINED ACTIVITY LEVELS

OTHER TETRACYCLINES - PEAKS AND VALLEYS

POSITIVE ANTIBACTERIAL ACTION

PROTECTION AGAINST PROBLEM PATHOGENS



retains activity levels 24-48 hrs.

DECLOMYCIN Demethylchlortetracycline retains activity levels up to 48 hours after the last dose is given. At least a full, extra day of positive action may thus be confidently expected. The average, daily adult dosage for the average infection—1 capsule q.i.d.—is the same as with other tetracyclines...but total dosage is lower and duration of action is longer.

DAYS OF TETRACYCLINE A DOSAGE

DURATION OF PROTECTION

DAYS OF TETRACYCLINE B DOSAGE

DURATION OF PROTECTION

DAYS OF TETRACYCLINE C DOSAGE

DURATION OF PROTECTION

PROTECTION

PROTECTION

CAPSULES, 150 mg., bottles of 16 and 100. **Dosage:** Average infections—1 capsule four times daily. Severe infections—Initial dose of 2 capsules, then 1 capsule every six hours.

PEDIATRIC DROPS, 60 mg./cc. in 10 cc. bottle with calibrated, plastic dropper. **Dosage:** 1 to 2 drops (3 to 6 mg.) per pound body weight per day—divided into 4 doses.

SYRUP, 75 mg./5 cc. teaspoonful (cherry-flavored), bottles of 2 and 16 fl. oz. **Dosage:** 3 to 6 mg. per pound body weight per day—divided into 4 doses.

PRECAUTIONS—As with other antibiotics, DECLOMYCIN may occasionally give rise to glossitis, stomatitis, proctitis, nausea, diarrhea, vaginitis or dermatitis. A photodynamic reaction to sunlight has been observed in a few patients on DECLOMYCIN. Although reversible by discontinuing therapy, patients should avoid exposure to intense sunlight. If adverse reaction or idiosyncrasy occurs, discontinue medication.

Overgrowth of nonsusceptible organisms is a possibility with DECLOMYCIN, as with other antibiotics. The patient should be kept under constant observation.



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Pearl River, New York



...the proof of the Patrician "200" is in the radiograph!

When you choose x-ray for private practice, look at performance as well as the price tag. "Economy" that is gained by short-cuts in table design or a reduction in power may mean slow exposures, blurred radiographs and repeated retakes. General Electric's Patrician "200" combination is designed with adequate power for private practice—a full 200 ma to stop anatomical movement sharply and clearly. Many other features found in larger installations are engineered into the Patrician: 81" table, independent tubestand, shutter limiting and automatic tube protection, to name just

a few. And, considering its uncompromising G-E quality, this Patrician "package" is remarkably low priced.

Rent the Patrician through the G-E Maxiservice® plan that provides the complete installation, including maintenance, parts, tubes, insurance, local taxes—everything in one monthly fee. Get details from your G-E x-ray representative listed below.

Progress Is Our Most Important Product

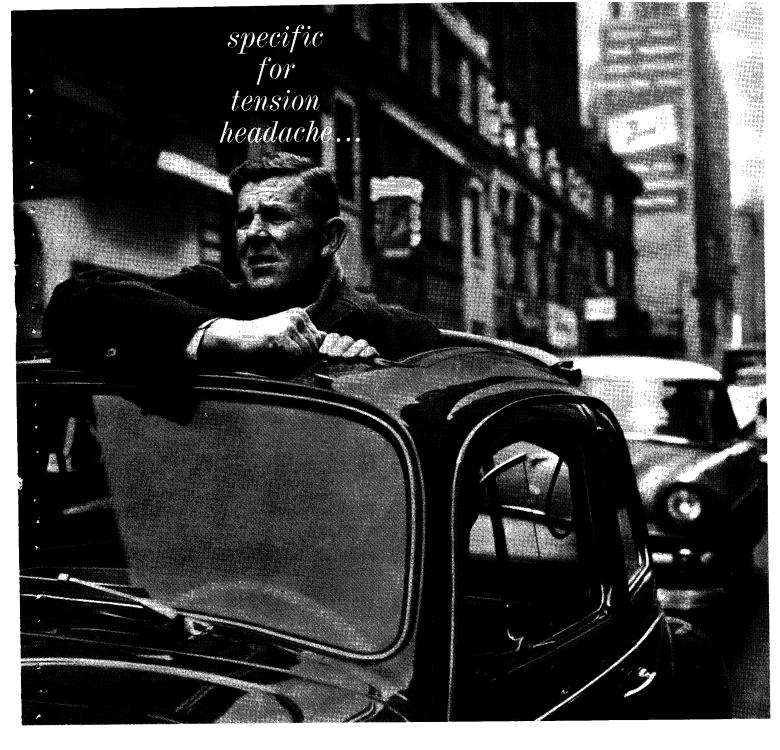


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HORMAL relieves pain, muscle spasm, nervous tension

nervous tension

rapid action • non-narcotic • economical

"We have found caffeine, used in combination with acetylsalicylic acid, acetophenetidin, and isobutylallylbarbituric acid, [Fiorinal] to be one of the most effective medicaments for the symptomatic treatment of headache due to tension."

Friedman, A. P., and Merritt, H. H.: J.A.M.A. 163:1111 (Mar. 30) 1957.

Available: Fiorinal Tablets and New Form — Fiorinal Capsules Each contains: Sandoptal (Allylbarbituric Acid N.F. X) $50~\mathrm{mg.}$ (3/4 gr.), caffeine 40 mg. (2/3 gr.), acetylsalicylic acid $200~\mathrm{mg}.~(3~\mathrm{gr.})$, acetophenetidin 130 mg. (2 gr.).

Dosage: 1 or 2 every four hours, according to need, up to 6 per day.

the new Isolyte Family

À MODERN CONCEPT IN FUID REPLACEMENT



ISOLVIES SOLUTIONS

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|--|----------|-----------------------|----|------|---------|-----------|-----|---------------------------------------|----------------|------|---|----------|----|
| Solution Gm. | Dextrose | Millisquiyalents | | | | | | | | | | | |
| | Gm. | Na÷ | K- | Ca++ | Mg++ | NH4+ | CI- | Lact | Acet | Cita | HPO, | Culories | - |
| Isolyte® M Maintenance with 5% Dextrose For routine maintenance in adults and older children | 50 | 40 | 35 | - | - | - | 40 | 20 | 4 (1) 4 (1) | - | 15 | 180 | 40 |
| Isolyte P Pediatric Maintenance For routine maintenance in infants and younger children | 50 | 25 | 20 | - | 3 | - | 22 | 23 | 1 | - | 3 | 180 | 34 |
| Isolyte E Extracellular Replacement in Water For replacement of intravascular, interstitial, transcellular losses other than gastric | | 140 | 10 | . 5 | 3 | - | 103 | 1 | 47 | 8 | 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - | 10 | 3: |
| Isolyte E Extracellular Replacement with 5% Dextrose For use as above | 50 | 140 | 10 | 5 | 3 | - | 103 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 47 | 8 | - | 180 | 57 |
| Isolyte G Gastric Replacement with 10% Dextrose For replacement of gastric loss due to suction or vomiting | 100 | 63 | 17 | - | 6 390 s | 70 | 150 | <u>-</u> | - | - | - | 340 | 81 |
| Also 2 New Potassium Salutions: Kadalex® L (20 mEq. K+ and CI-/L.) 0.15% Potassium Chloride with 5% Dextrose in Water | 50 | - | 20 | 1 | 1 | | 20 | - | - | - | | 170 | 2 |
| Kadalex M (40 mEq. K+ and Cl-/L.) 0.3% Potassium Chloride with 5% Dextrose in Water | 50 | - | 40 | - | - | _ | 40 | | - | - | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 170 | 3 |

the new Isolyte® Family



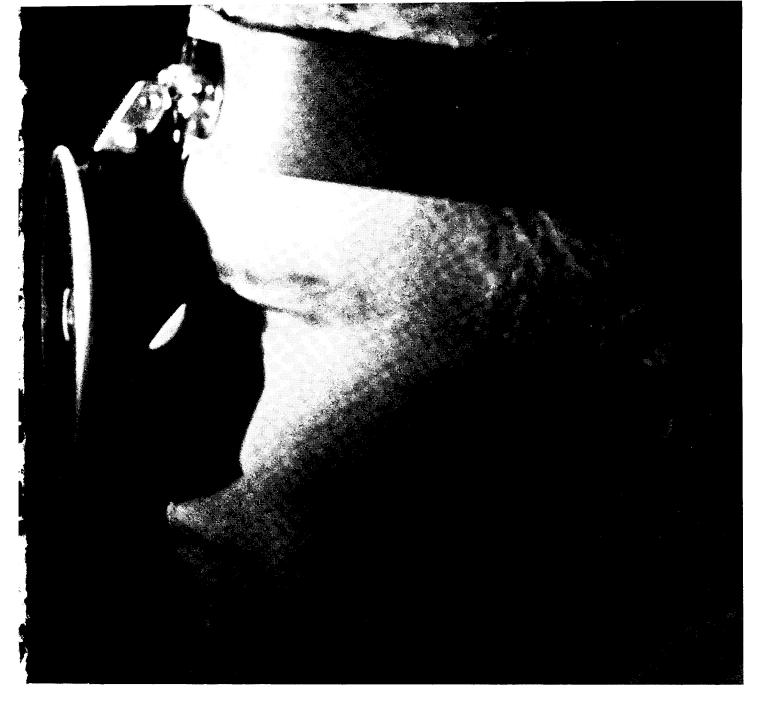


NEW

DIMETAPP[®] Extentabs[®]

in sinusitis, colds and upper respiratory disorders

let your patients breathe easier!



In sinusitis, colds and other upper respiratory and allergic disorders, new DIMETAPP Extentabs offer more useful decongestant therapy. Stuffiness, drip and other annoying symptoms of congestion are effectively relieved with minimum side effects.

unsurpassed relief of Nasal congestion DIMETAPP Extentabs contain an unexcelled antihistamine, Dimetane, which has produced good to excellent results in thousands of cases of allergic respiratory disorders.* In DIMETAPP Extentabs, the action of Dimetane with two outstanding decongestants—phenylephrine and phenylpropanolamine—promptly dries secretions and reduces edema and congestion in the nose, the sinuses, and the upper respiratory tract.

CLEAR BREATHING FOR 12 HOURS ON 1 TABLET Long-acting DIMETAPP Extentabs offer up to 12-hour relief on just one tablet. Easier to use than nose drops or sprays,

DIMETAPP reaches into areas topical decongestants can't touch—without rebound congestion.

EXCEPTIONAL FREEDOM FROM SIDE EFFECTS With DIMETAPP Extentabs, there's little problem of either drowsiness or overstimulation. The antihistamine component, Dimetane, offers a high percentage of effective relief with only drowsiness as a possible infrequent side effect.* Small, fully efficient dosages of decongestants minimize the danger of overstimulation.

DIMETAPP Extentabs contain Dimetane[®] (parabromdylamine [brompheniramine] maleate) 12 mg., phenylephrine HCl 15 mg., and phenylpropanolamine HCl 15 mg. Dependable Extentabs construction assures relief of symptoms for up to 12 hours with 1 tablet.

Dosage: Adults—1 Extentab q. 8-12 hours. Children over 6—1 Extentab q. 12 hours. Administer with caution to patients with cardiac or peripheral vascular diseases and hypertension, and to those sensitive to antihistamines. See package insert for further details. **Supplied:** bottles of 100 and 500. *Full bibliography on Dimetane available on request.

A. H. ROBINS CO., INC. Richmond 20, Virginia Ethical Pharmaceuticals of Merit Since 1878

Introducing... Miltown® + HYDROCHLOROTHIAZIDE

new therapy for hypertension and congestive failure

For samples and complete literature, write to

lowers blood pressure drains excess water calms apprehension

Created especially for those patients whose emotional condition complicates the treatment of hypertension and congestive failure

Now the most widely prescribed diuretic-antihypertensive, hydrochlorothiazide, is combined with the most widely prescribed tranquilizer, meprobamate. Called "Miluretic", it constitutes new, effective therapy for hypertension and congestive failure—especially when emotional factors complicate your treatment.

What does Miluretic do? Both components are of proven value in hypertension. And in congestive failure, Miluretic induces smooth, continuous diuresis. Miluretic's biggest advantage is that it tranquilizes hypertensive and edematous patients safely and quickly.

Avoids side effects of other antihypertensive agents

Antihypertensive agents derived from Rauwolfia often cause reactions such as depression and nasal congestion; Miluretic does not.

Miluretic is a highly effective, safe combination that gives the physician new convenience in the treatment of hypertension and congestive failure.

new Miluretic

MILTOWN + HYDROCHLOROTHIAZIDE

Available at all pharmacies Composition: 200 mg. Miltown (meprobamate, Wallace) + 25 mg. hydrochlorothiazide

Dosage: For hypertension, 1 tablet four times a day. For congestive failure, 2 tablets four times a day.

Supplied: Bottles of 50 white, scored tablets

In CONSTIPATION...

Relief? Certainly.

But, what about the atonic bowel?

MODANE for both!

Consider the task . . . Usually it is more than just moving fecal matter. Often, the atonic bowel cries for rehabilitation! MODANE answers both needs.

FOR ONE HALF OF THE PROBLEM

MODANE provides Danthron — overnight deconstipant which acts gently, positively, on the large bowel only.

. . . FOR THE OTHER HALF

MODANE supplies Pantothenic Acid vital to the body's formation of coenzyme A which is, in turn, essential for acetylation of choline—so necessary for normal bowel tone and peristaltic efficiency.

3 IDEAL DOSAGE FORMS

Each Modane Tablet contains 75 mg. Danthron (1.8 Dihydrexyanthraquinone) and 25 mg. Calcium Pantothenate. Each Modane Mild Tablet and each teaspoonful Modane Liquid contains 37.5 mg. Danthron and 12.5 mg. Calcium Pantothenate. Dosage — 1 tablet, teaspoonful, or fractional teaspoonful, immediately after the evening meal.



THE WARREN-TEED PRODUCTS COMPANY COLUMBUS 8, OHIO

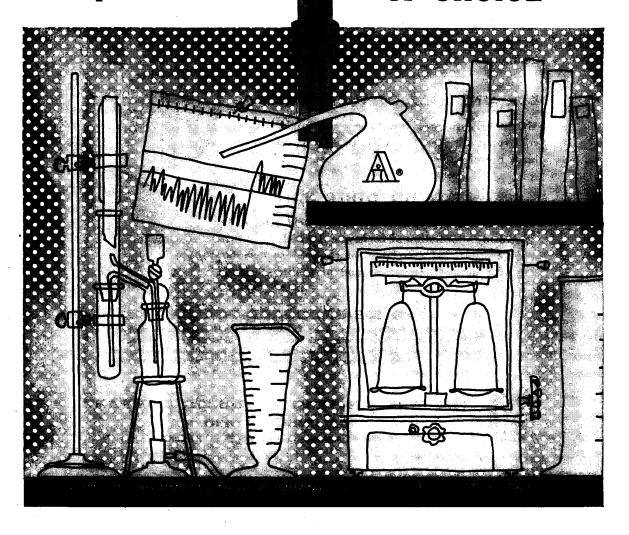
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ARMOUR THYROID

ARMOUR THYROID for over half a century has been more widely prescribed...more widely dispensed than any other thyroid product. Pioneer in thyroid standardization, Armour's

rich background of experience assures you of unsurpassed quality, uniform potency and consistent therapeutic effects.

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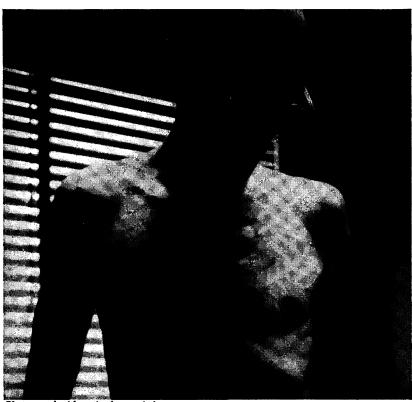




for **Samples** and literature write...

DESITIN CHEMICAL COMPANY

812 Branch Avenue, Providence 4, R. I.



Photos used with patient's permission.

How new Dianabol rebuilt muscle tissue in this underweight, debilitated patient

Patient was weak and emaciated before Dianabol. R. C., age 51, weighed 160 pounds following surgery to close a perforated duodenal ulcer. His convalescence was slow and stormy, complicated by pneumonia of both lower lobes. Weak and washed out, he was considered a poor risk for further necessary surgery (cholecystectomy). Because a conventional low-fat diet and multiple-vitamin therapy failed to build up R. C. sufficiently, his physician prescribed Dianabol 5 mg. b.i.d.

Patient regains strength on Dianabol. In just two weeks R. C.'s appetite increased substantially; he had gained 9½ pounds of lean weight. His muscle tone was improved, he felt much stronger. After 4 weeks, he weighed 176 pounds. Biceps measurement increased from 10" to 11½". For the first time since onset of postoperative pneumonia, his chest was clear. Mr. C.'s physician reports: "He tolerated cholecystectomy very well and one week postop felt better than he has in the past 2 years."



Dianabol: new, low-cost anabolic agent

By promoting protein anabolism, Dianabol builds lean tissue and restores vigor in underweight, debilitated, and dispirited patients. In patients with osteoporosis Dianabol often relieves pain and increases mobility.

As an anabolic agent, Dianabol has been proved 10 times as effective as methyltestosterone. Yet it has far less androgenicity than testosterone propionate, methyltestosterone, or norethandrolone.

Because it is an oral preparation, Dianabol spares patients the inconvenience and discomfort of parenteral drugs.

And because Dianabol is low in cost, it is particularly suitable for the aged or chronically ill patient who may require long-term anabolic therapy.

Supplied: Tablets, 5 mg. (pink, scored); bottles of 100.

Complete information on request.

Dianabol® (methandrostenolone CIBA)

converts protein to working weight in wasting or debilitated patients

2/2829MB



New, more effective analgesic Kills pain



stops tension

For neuralgias, dysmenorrhea, upper respiratory distress, postsurgical conditions...new compound kills pain, stops tension, reduces fever-gives more complete relief than other analgesics.

Soma Compound is an entirely new, totally different analgesic combination that contains three drugs. First, Soma: a new type of analgesic that has proved to be highly effective in relieving both pain and tension.* Second, phenacetin: a "standard" analgesic and antipyretic. Third,

caffeine: a safe, mild stimulant for elevation of mood. As a result, the patient gets more complete relief than he does with other analgesics.

Soma Compound is nonnarcotic and nonaddicting. It reduces pain perception without impairing the natural defense reflexes.*

NEW NONNARCOTIC ANALGESIC

Soma (carisoprodol), 200 mg.; phenacetin, 160 mg.; caffeine, 32 mg. Dosage: 1 or 2 tablets q.i.d. Supplied: Bottles of 50 apricot-colored, scored tablets.

NEW FOR MORE SEVERE PAIN

(;ompound+codeine

BOOSTS THE EFFECTIVENESS OF CODEINE: Soma Compound boosts the effectiveness of codeine. Therefore, only 1/4 grain of codeine phosphate is supplied to relieve the more severe pain that usually requires ½ grain. Composition: Same as Soma Compound plus 1/4 grain codeine phosphate.

Dosage: 1 or 2 tablets q.i.d.

Supplied: Bottles of 50 white, lozenge-shaped tablets; subject to Federal Narcotics Regulations.

*References available on request.

Complete Cholesterol Depressant Menus and Recipe Book

A new, authoritative patient-aid . . . for professional distribution only

Now available for use in your practice from The Wesson People . . . easy-to-use manual of 40 pages, including all necessary diet instructions . . . menus, recipes, shopping and cooking guidance . . . all worked out for you . . . so arranged and printed that you have only to check the desired daily calorie level before giving the book to your patient.

You will find this book invaluable for treating patients with elevated serum cholesterol.

Complete menus for 10 days enable you to prescribe diets which are appetizing, nutritiously adequate and which can exert cholesterol depressant activity. Special attention has been given to constructing the menu patterns so that they adhere as closely as permissible to the patient's normal eating habits.

NRC Standards fulfilled. Each menu has been calculated to provide the proper daily allowance of proteins, vitamins and other nutrients as recommended by the Food and Nutrition Board of the National Research Council.

Weight control is achieved as each day's menu is given at 3 calorie levels—1200, 1800 and 2600 calories. You prescribe the level most desirable and modify as desired.

Variety and appetite appeal for patient are built into the menu plan to an extent not previously accomplished. Alternate choices for main dishes minimize monotony, encourage the patient to follow closely the menu plan you specify.

Complete recipes—65 in all—are included to assure that the specified menus provide prescribed levels of calories, the pre-determined ratio of poly-unsaturated to saturated fat, plus essential nutrients.

Dietary fat is controlled so that approximately 36% of the total calories are derived from fat and at least 40% of these fat calories are from poly-unsaturated components (linoleates) as found in pure vegetable oil. The replacement of saturated dietary fat by this percentage of poly-unsaturated fat has been found in clinical studies most effective in the reduction of serum cholesterol and in its maintenance at desirable levels. More liberal menus are provided for maintenance after the patient's progress indicates that desired therapeutic results have been accomplished.

Family meal preparation is simplified. The menus are planned around favorite foods having wide appetite appeal for all members of the household. Patients can entertain in comfort—enjoy cakes, cookies, snacks, prepared with recipes which meet medical requirements.

A high degree of satiety is achieved even at the lower calorie levels, because Wesson provides an unexcelled source of concentrated, slow-burning food energy.

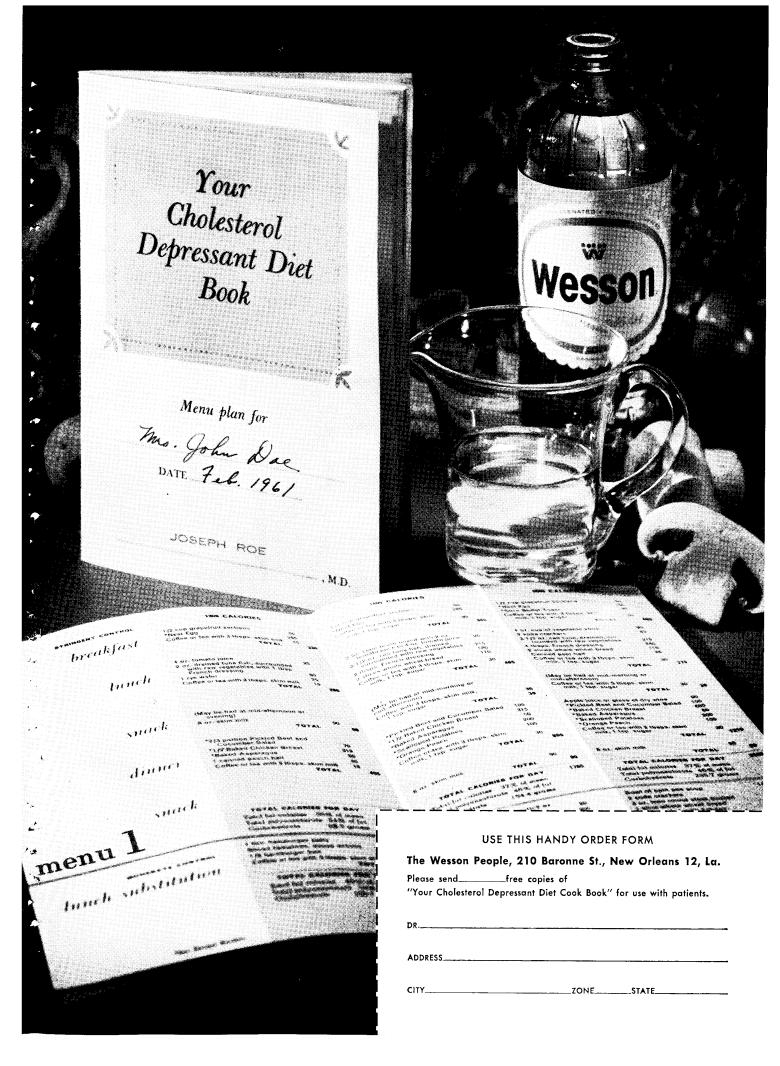
Adaptable for use with diabetics. Carbohydrates have been calculated to fall within the acceptable range for patients to whom a diet planned for diabetes is important. Calories, which must be supplied from fat when the carbohydrate intake is limited, are provided by desirable poly-unsaturated vegetable oil.

WESSON'S IMPORTANT CONSTITUENTS

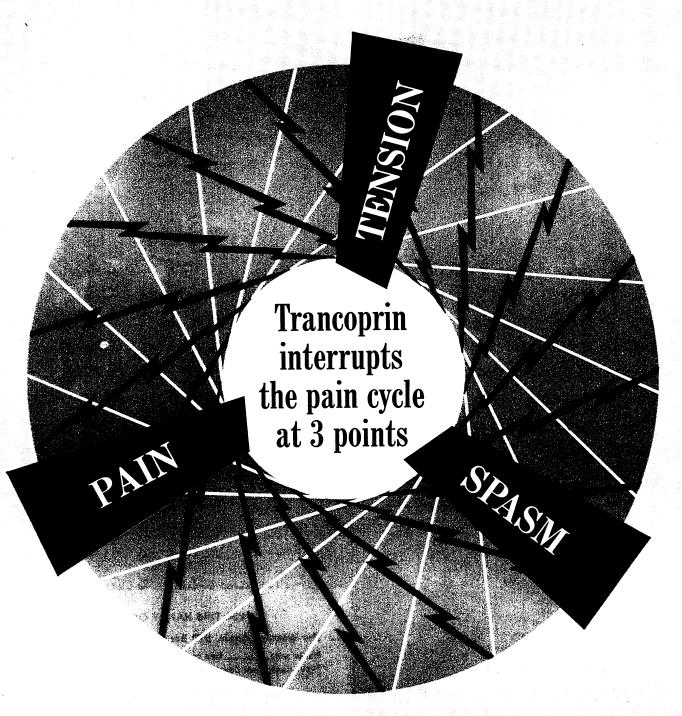
Wesson is 100% cottonseed oil-winterized and of selected quality

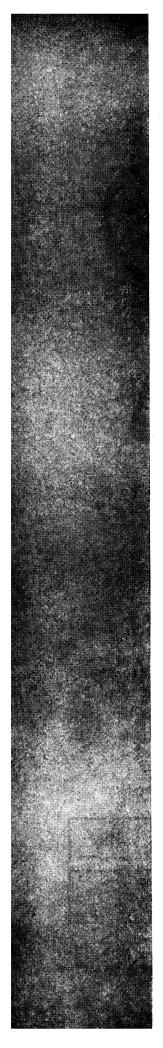
| Linoleic acid glycerides (poly-unsaturated) | 50-55% |
|--|------------|
| Oleic acid glycerides (mono-unsaturated) | |
| Total unsaturated | 70-75% |
| Palmitic, stearic and myristic glycerides (saturated). | 25-30% |
| Phytosterol (Predominantly beta sitosterol) | 0.3-0.5% |
| Total tocopherols | 0.09-0.12% |
| Never hydrogenated-completely salt free | |

Poly-unsaturated Wesson is unsurpassed by any readily available brand, where a vegetable (salad) oil is medically recommended for a cholesterol depressant regimen.



Transcription of the state of t





a broad spectrum non-narcotic analgesic

Trancoprin, a new analgesic, not only raises the pain perception threshold but, through its chlormezanone component, also relaxes skeletal muscle spasm¹⁻⁶ and quiets the psyche.^{2,3-5,7}

The effectiveness of Trancoprin has been demonstrated clinically⁸ in a number of patients with a wide variety of painful disorders ranging from headache, dysmenorrhea and lumbago to arthritis and sciatica. In a series of 862 patients,⁸ Trancoprin brought excellent or good relief of pain to 88 per cent of the group. In another series,⁹ Trancoprin was administered in an industrial dispensary to 61 patients with headache, bursitis, neuritis or arthritis. The excellent results obtained prompted the prediction that Trancoprin "... will prove a valuable and safe drug for the industrial physician."

Exceptionally Safe

No serious side effects have been encountered with Trancoprin. Of 923 patients treated with Trancoprin, only 22 (2.4 per cent) experienced any side effects.^{8,9} In every instance, these reactions, which included temporary gastric distress, weakness or sedation, were mild and easily reversed.

Indications

Trancoprin is recommended for more comprehensive control of the pain complex (pain —> tension —> spasm) in those disorders in which tension and spasm are complicating factors, such as: headaches, including tension headaches / premenstrual tension and dysmenorrhea / low back pain, sciatica, lumbago / musculoskeletal pain associated with strains or sprains, myositis, fibrositis, bursitis, trauma, disc syndrome and myalgia / arthritis (rheumatoid or hypertrophic) / torticollis / neuralgia.

Dosage

The usual adult dosage is 2 Trancoprin tablets three or four times daily. The dosage for children from 5 to 12 years of age is 1 tablet three or four times daily. Trancoprin is so well tolerated that it may be taken on an empty stomach for quickest effect. The relief of symptoms is apparent in from fifteen to thirty minutes after administration and may last up to six hours or longer.

How Supplied

Each Trancoprin tablet contains 300 mg. (5 grains) of acetylsalicylic acid and 50 mg. of chlormezanone [Trancopal® brand]. Bottles of 100 and 1000.

Trancoprin Tablets / non-narcotic analgesic

References: 1. DeNyse, D. L.: M. Times 87:1512, Nov., 1959. 2. Ganz, S. E.: J. Indiana M. A. 52:1134, July, 1959. 3. Gruenberg, Friedrich: Current Therap. Res. 2:1, Jan., 1960. 4. Kearney, R. D.: Current Therap. Res. 2:127, April, 1960. 5. Lichtman, A. L.: Kentucky Acad. Gen. Pract. J. 4:28, Oct., 1958. 6. Mullin, W. G., and Epifano, Leonard: Am. Pract. & Digest Treat. 10:1743, Oct., 1959. 7. Shanphy, J. F.: Current Therap. Res. 1:59, Oct., 1959. 8. Collective Study, Department of Medical Research, Winthrop Laboratories. 9. Hergesheimer, L. H.: An evaluation of a muscle relaxant (Trancopal) alone and with aspirin (Trancoprin) in an industrial medical practice, to be submitted.

Winthrop LABORATORIES, New York 18, N. Y.



in a more acid-stable form assure adequate absorption even when taken with food

Ilosone retains 97.3 percent of its antibacterial activity after exposure to gastric juice (ph 1.1) for forty minutes. This means there is more antibiotic available for absorption—greater therapeutic activity. Clinically, too, Ilosone has been shown to be decisively effective in a wide variety of bacterial infections—with a reassuring record of safety.

Usual dosage for adults and for children over fifty pounds is 250 mg. every six hours. Supplied in 125 and 250-mg. Pulvules and in suspension and drops.

- 1. Stephens, V. C., et al.: J. Am. Pharm. A. (Scient. Ed.), 48:620, 1959.
- 2. Salitsky, S., et al.: Antibiotics Annual, p. 893, 1959-1960.
- 3. Reichelderfer, T. E., et al.: Antibiotics Annual, p. 899, 1959-1960.
- 4. Kuder, H. V.: Clin. Pharmacol. & Therap., in press.

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11th ANNUAL

POSTGRADUATE INSTITUTE

SOUTHERN COUNTIES

Presented by U.S.C. School of Medicine, Phil R. Manning, M.D., Associate Dean Postgraduate Division, and California Medical Association Committee on Postgraduate Activities.

Guest Speaker: Jerome W. Conn, M.D., Professor of Medicine, University of Michigan.

El Mirador Hotel, Palm Springs

February 2 and 3, 1961

PROGRAM_

THURSDAY, FEBRUARY 2

Morning Meetings

- 9:15-10:15—Primary Aldosteronism and Hypertensive Disease—Jerome W. Conn, M.D.
- 10:30-11:00—The Office Approach to Low Back Pain—Lorin L. Stephens, M.D.
- 11:00-11:30—Further Advances in the Tranquilizers—John L. Webb, Ph.D.
- 11:30-12:30-Rheumatic Fever-George C. Griffith, M.D.

*ELECTIVES

- 10:30-12:30—Workshop in Jaundice—Telfer B. Reynolds, M.D.
- 10:30-12:30—Pitfalls in the Diagnosis of Secondary Hypertension and Use of the Ophthalmoscope in Evaluation of Hypertension—Phil R. Manning, M.D.; Richard L. Kasper, M.D.

Afternoon Meetings

- 2:00-3:20—Panel on Gallbladder Diseases—Clarence J. Berne, M.D., Bernard J. Haverback, M.D., Telfer B. Reynolds, M.D.
- 3:30-4:00—Difficulties in Diagnosis and Treatment in the Otitis Media—Irwin Harris, M.D.
- 4:00-4:30—The Practical Aspects of Newer Advances in Endocrinology—Don H. Nelson, M.D.
- 4:30-5:00—Management of Breech Presentation—Gail V. Anderson, M.D.

ELECTIVES

- 2:00-5:00—Motion Picture Symposium on Surgery—Raymond F. Tatro, M.D., Moderator.
- 3:30-5:00—Workshop in Cardiovascular Diagnosis—George C. Griffith, M.D.
- 7:00-8:00—"No Host" Cocktail Party. 8:00—Informal Dinner and Dancing.

FRIDAY, FEBRUARY 3

Morning Meetings

- 9:15-10:15—Helpful Hints in the Recognition and Treatment of Various Types of Spontaneous Hypoglycemia—Jerome W. Conn, M.D.
- 10:30-11:00—The Sore Shoulder and Neck—Lorin L. Stephens, M.D.
- 11:00-11:30—Use of Amine Oxidase Inhibitors—John L. Webb, Ph.D.
- 11:30-12:30—Selection of Patients for Cardiac Surgery
 —Leonard H. Schwartz, M.D.

ELECTIVES

- 10:30-12:30—Workshop in the Use of Antibiotics—Phil R. Manning, M.D.
- 10:30-12:30—Discussion of Problem Obstetrical Cases—Gail V. Anderson, M.D.

Afternoon Meetings

- 2:00-3:20—Panel on Duodenal Ulcer—Clarence J. Berne, M.D., Bernard J. Haverback, M.D., Telfer B. Reynolds, M.D.
- 3:30-4:00—Diagnosis and Treatment of Adrenal Disorders—Don H. Nelson, M.D.
- 4:00-4:30—ENT Problems in Allergic Children—Irwin Harris, M.D.
- 4:30-5:00—Management of Bleeding Problems During Prenatal Period—Gail V. Anderson, M.D.

ELECTIVES

- 3:30-5:00—Printed Case Discussions—Telfer B. Reynolds, M.D.
- 3:30-5:00—Workshop in Medical Ophthalmology—Richard L. Kasper, M.D.

HOST: San Bernardino County Medical Society . . . REGIONAL CHAIRMAN: Raymond F. Tatro, M.D., 491 Fifth Street, San Bernardino. INSTITUTE FEE: \$15.00. For additional information contact Postgraduate Activities office, California Medical Association, 2975 Wilshire Boulevard, Los Angeles 5. All California Medical Association members and their families are cordially invited to attend.

- General Surgery. Thursday through Saturday, April 13 through 15. Twenty-one hours.*
- Ear-Nose-Throat. Thursday through Saturday, May 11 through 13. Twenty-one hours.*
- Proctology. Thursday and Friday, May 18 and 19. Fourteen hours.*
- Water, Salts and Steroids. Thursday through Saturday, May 25-27. Twenty-one hours.*
- A Course in Ophthalmology. Thursday through Saturday, June 1-3. Twenty-one hours.*
- A Course in Psychiatry for Physicians in General Practice. Thursday through Saturday, June 15-17. Twenty-one hours.
- Cerebral Palsy. Thursday and Friday, June 29 and 30. Fourteen hours.*
- Fundamental Practices of Radioactivity and the Diagnostic and Therapeutic Uses of Radioisotopes. Two or three month course limited to one enrollee per month. Fee: \$350.00.
- For information on courses for physicians or ancillary personnel contact: Seymour M. Farber, M.D., assistant dean, Department of Continuing Medical Education, University of California Medical Center, San Francisco 22. MOntrose 4-3600, Ext. 665.

PRESBYTERIAN MEDICAL CENTER, SAN FRANCISCO

- Common Problems in Pediatrics. Sunday, January 29. Eight hours. Fee: \$25.00.
- Dermatologic Therapy. Saturday, February 11. Eight hours. Fee: \$25.00.
- Diabetes and Thyroid Disease: Current Methods in Diagnosis and Treatment. Saturday, February 25. Eight hours. Fee: \$25.00.
- The Four R's of Fractures: Recognition, Reduction, Retention, Rehabilitation. Saturday, March 11. Eight hours. Fee: \$25.00.
- Problems in Therapy of Cardiac Disease. Sunday, April 9. Eight hours. Fee: \$25.00.
- Problems in Neurology and Neurosurgery. Saturday, May 6. Eight hours. Fee: \$25.00.
- Psychological Problems in General Practice. Sunday, May 21. Eight hours. Fee: \$25.00.
- Horizons in Surgery. Saturday, June 17. Eight hours. Fee: \$25.00.

- Operable Heart Disease. Friday and Saturday, March 3 and 4.
- Conference on Keratoplasty. Wednesday through Friday, March 8 through 10. Limited enrollment.
- General Review Course for Practicing Physicians. Thursday through Saturday. March 16 through 18.
- Conference on Strabismus. Wednesday through Friday. July 12 through 14.
- Contact: Arthur Selzer, M.D., program committee chairman, Presbyterian Medical Center, Clay and Webster Sts., San Francisco 15, WEst 1-8000, Ext. 303.

UNIVERSITY OF SOUTHERN CALIFORNIA. LOS ANGELES

Nuclear Medicine:

Part I, January. Fee: \$50.00. Part II, eight weeks. Fee: \$350.00. Part III, twelve weeks. Fee: \$350.00.

- Clinical Hematology. Saturday and Sunday, February 25 and 26.*
- Hawaii Course. August 2 through 18. The USC School of Medicine will offer the 4th Postgraduate Refresher Course to be held in Honolulu and on board the S.S. Matsonia. (As a time and money saver, air travel is also possible.)
- Cardiac Resuscitation. Each Wednesday by appointment, 4 to 6 p.m. USC Medical Research Building, Room 211, 2025 Zonal Avenue. Tuition: \$30.00. (Each session all-inclusive.)
- Basic Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Physicians may register at any time and receive all 52 issues. Fifty-two weeks. Fee: \$100.00.
- Advance Home Course in Electrocardiography. One year postgraduate series, electrocardiogram interpretation by mail. Fifty-two issues: \$85.00. Physicians may register at any time.
- Contact: Phil R. Manning, M.D., Associate Dean and Director, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 33. CApital 5-1511.

COLLEGE OF MEDICAL EVANGELISTS

- SURGICAL ANATOMY (Dissection, Lectures and Demonstrations):
 - Head and Neck. Monday and Wednesday, April 19 through May 31. Sixty-three hours. Fee: \$75.00.
- SURGICAL ANATOMY (Lectures and Demonstrations only):
 - Head and Neck. Wednesdays, April 12 through May 31. Twenty-four hours. Fee: \$35.00.
- Alumni Postgraduate Convention Refresher Courses, March 12 and 13, on the campus of the College of Medical Evangelists at White Memorial Hospital.
- Joint Manipulation. Monday through Friday, March 20 through 24. Twenty hours. Fee: \$100.00.
- Tropical Public Health. Monday through Friday, April 3 through 28. Fee: \$65.00.
- Clinical Traineeships available in clinical departments by arrangement with Postgraduate Division and Postgraduate Chairman of department involved. In addition to those listed other traineeships in other departments can be arranged. Eighty hours minimum. Limited enrollment. Begin when individually arranged.
 - 1. Anesthesia. Six months. 250 to 300 hours. Fee: \$350.00
 - 2. Internal Medicine. Two weeks to nine months.
- 3. Pulmonary Diseases (can be arranged).
- 4. Traumatology. One month. 160 hours. Fee: \$125.00.
- 5. Urology (can be arranged).
- For information contact: Division of Postgraduate Medicine, College of Medical Evangelists, 1720 Brooklyn Ave., Los Angeles 33. ANgelus 9-7241, Ext. 214.

^{*} Fee to be announced.

CALIFORNIA MEDICAL ASSOCIATION ANNUAL SESSION POSTGRADUATE COURSES

- Clinical Neurology in cooperation with College of Medical Evangelists. White Memorial Hospital. Sunday, April 30, 9-12 a.m.; Monday and Tuesday, May 1 and 2, 2-5 p.m. Fee: \$25.00.*
- Office Gynecology in cooperation with USC School of Medicine. Los Angeles County Hospital. Saturday, April 29, 9-12 a.m. and 2-5 p.m.; Sunday, April 30, 9-12 a.m. Fee: \$25,00.*
- Use and Limitations of Laboratory Tests in cooperation with USC School of Medicine. Los Angeles County Hospital. Saturday, April 29, 9-12 a.m. and 2-5 p.m.; Sunday, April 30, 9-12 a.m. Fee: \$25.00.*
- Cardiac Resuscitation: in cooperation with USC School of Medicine. USC Research Building, Room 211, 2025 Zonal Avenue, Los Angeles 33. Section I: Saturday, April 29, 2-4 p.m.; Section II: Sunday, April 30, 2-4 p.m. (each Section is all-inclusive). Each Section is limited to 10 registrants from areas other than Los Angeles and San Francisco. Fee: \$30.00, each Section.*

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE CIRCUIT COURSES

- For Dunsmuir, Redding, Chico and Marysville in cooperation with Stanford University School of Medicine. Begins week of March 5, 1961.
- For Eureka, Ukiah, Napa and Auburn in cooperation with University of California School of Medicine, San Francisco. Begins week of March 5, 1961.

CALIFORNIA MEDICAL ASSOCIATION POSTGRADUATE INSTITUTES—1961

- Southern Counties, February 2 and 3, El Mirador Hotel, Palm Springs, in cooperation with University of Southern California School of Medicine. *Chairman:* Raymond Tatro, M.D., 1875 North "D" Street, San Bernardino.
- West Coast Counties, March 2 and 3, Del Monte Lodge, Pebble Beach, in cooperation with College of Medical Evangelists. *Chairman:* A. F. Kandlbinder, M.D., 835 Cass Street, Monterey.
- North Coast Counties, March 23 and 24, Flamingo Hotel, Santa Rosa, in cooperation with University of California, San Francisco. *Chairman*: Milton A. Antipa, M.D., 50 Montgomery Drive, Santa Rosa.
- San Joaquin Valley, April 14 and 15, Ahwahnee Hotel, Yosemite, in cooperation with UCLA School of Medicine. *Chairman:* J. Malcolm Masten, M.D., 1051 R Street, Fresno.
- Sacramento Valley Counties, June 29 and 30, in cooperation with Stanford University School of Medicine, Tahoe Tavern, Lake Tahoe. Chairman: Joel T. Janvier, M.D., 3632 Marysville Road, Del Paso Heights.

AUDIO-DIGEST FOUNDATION

A nonprofit subsidiary of the C.M.A., offers (on a subscription basis) a series of six different hour-long tape recordings covering general practice, surgery, internal medicine, obstetrics and gynecology, pediatrics and anesthesiology. Designed to keep physicians posted on what is new and important in their respective fields, these programs survey current national and interna-

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tional literature of interest and contain selected highlights of on-the-spot recordings of national scientific meetings, panel discussions, symposia, and individual lectures. For information contact Mr. Claron L. Oakley, Editor, 1919 Wilshire Blvd., Los Angeles 57, HUbbard 3-3451.

Medical Dates Bulletin

JANUARY MEETINGS

- MARIN COUNTY HEART ASSOCIATION, Course in Cardiac Resuscitation—3 hour. Saturdays, January 14, 21, 28 and February 4. Marin General Hospital, San Rafael. Fee: \$25.00. Contact: Richard Hahn, M.D., Chairman, 2044 Fourth St., San Rafael.
- LONG BEACH HEART, CANCER AND TB Third Annual Medical Symposium on Diseases of the Heart, Lungs and Chest. January 18, 12:30 p.m., Long Beach Petroleum Club. Contact: Leslie R. Raymond, executive director, 2034 Pacific Avenue, Long Beach.
- Los Angeles Trudeau Society and The Tuberculosis and Health Association of Los Angeles County 8th Biennial Chest Disease Symposium. January 18 through 20. Ambassador Hotel, Los Angeles. Contact: Richard S. Gaines, 1670 Beverly Blvd., Los Angeles 26, California.
- WESTERN PHARMACOLOGY SOCIETY ANNUAL MEETING. January 22 through 24. Miramar Hotel, Santa Monica. Contact: Howard R. Bierman, M.D., President, 9730 Wilshire Blvd., Beverly Hills.
- THIRTIETH ANNUAL MID-WINTER CONVENTION IN OPH-THALMOLOGY AND OTOLARYNGOLOGY. January 23 to 27. Statler-Hilton Hotel, Los Angeles. *Contact:* Norman Jesberg, M.D., treasurer, 500 South Lucas, Los Angeles
- WESTERN SOCIETY FOR CLINICAL RESEARCH. January 26 through 28. Carmel-by-the-Sea, Calif. Contact: William N. Valentine, M.D., secretary-treasurer, UCLA School of Medicine, Los Angeles 24.
- Fresno County Heart Association Ninth Annual Central California Cardiovascular Symposium. January 27. 8:30 a.m. to 5:30 p.m. Fresno Elks Club, 5080 E. Kings Canyon Road, Fresno. Contact: Jack J. Jacobson, M.D., chairman, Professional Services Committee, 1584 N. Van Ness Ave., Fresno.

FEBRUARY MEETINGS

- CONTRA COSTA COUNTY HEART ASSOCIATION. Co-sponsored by Alameda-Contra Costa Chapter, American Academy of General Practice. 8th Annual Postgraduate Course for Physicians. Eight 2-hour sessions on Monday evening, February 6 through March 27. 8-10 p.m. Concord Community Hospital, 2540 East Street, Concord. Contact: Loyse C. Casebolt, Exec. Secretary. 2030 N. Main St., Walnut Creek.
- AMERICAN COLLEGE OF PHYSICIANS Southern California Region, Annual Meeting, in cooperation with Northern California and Nevada, Arizona and New Mexico. Biltmore Hotel, Santa Barbara, February 3, 4, 5, 1961. Contact: Sherman Mellinkoff, M.D., chairman, scientific program committee, U.C.L.A. Medical Center, Los Angeles 24.
- Institute for Metabolic Research "Lipid Metabolism in Diabetes and Related Conditions" two-day round table symposium. February 7 and 8. Highland-Alameda County Hospital, Oakland. Contact: L. W. Kinsell, M.D., director, Institute for Metabolic Research, 2701 14th Ave., Oakland.

- NAPA COUNTY HEART ASSOCIATION 3rd Symposium on Heart Disease. February 15. 10:00 a.m. Recreation Hall, California Veterans Home, Yountville, Calif. Contact: Mrs. Zoi Milne, Exec. Secretary, 1121 Brown Street, Napa.
- Obstetrical and Gynecological Assembly of Southern California, 16th Annual Mid-Winter Clinical Assembly. Ambassador Hotel, Los Angeles, February 13 through 17. Contact: Dee Davis, executive secretary, 5478 Wilshire Blvd., Los Angeles 36, WEbster 4-1551.
- Los Angeles Society of Neurology and Psychiatry in cooperation with California Spinal Cord Research Foundation, Conference "Recent Contributions of Basic Research to Paraplegia." February 17 and 18. Los Angeles. Contact: Robert P. Sedgwick, M.D., secretary-treasurer, 2010 Wilshire Blvd., Los Angeles 57.
- California Tuberculosis and Health Association, California Trudeau Society Annual Joint Meeting. February 19 through 22, Jack Tar Hotel, San Francisco. Contact: Executive director, C.T.H.A., 130 Hayes Street, San Francisco.
- SOUTHERN CALIFORNIA SOCIETY OF GASTROENTEROLOGY. "Problems and Pitfalls in Differential Diagnosis of Jaundice"—Leon Schiff, M.D., February 28, Los Angeles County Medical Association. Contact: William E. Molle, M.D., secretary-treasurer, 6221 Wilshire Blvd., Los Angeles 48.

MARCH 'MEETINGS

- Second Low-Beer Memorial Lecture. University of California School of Medicine. March 2, 8:00 p.m. Auditorium-S, Medical Sciences Bldg., U. C. San Francisco. Contact: F. Buschke, M.D., Professor of Radiology, University of California Medical Center, San Francisco 22, Calif.
- SOUTHWESTERN PEDIATRIC SOCIETY Postgraduate Lecture Series. March 7 and 8, Statler Hotel, Los Angeles. Contact: Harry O. Ryan, M.D., secretary, 194 N. El Molino, Pasadena.
- ORANGE COUNTY HEART ASSOCIATION, Annual Symposium on Heart Disease. Saturday, March 11. All day. Charterhouse Hotel, Anaheim. Contact: Howard G. Buswell, Exec. Director, P. O. Box 1704, Santa Ana.
- ANESTHESIA SECTION OF LOS ANGELES COUNTY MEDICAL ASSOCIATION 6th Annual Spring Postgraduate Meeting. March 11 and 12. Statler Hilton Hotel, Los Angeles. Contact: Thomas W. McIntosh, M.D., 686 East Union Street. Pasadena.
- COLLEGE OF MEDICAL EVANGELISTS Annual Alumni Postgraduate Convention. Scientific Assembly, Ambassador Hotel, March 14, 15 and 16. Contact: F. Harriman Jones, M.D., general chairman, College of Medical Evangelists, 316 North Bailey Street, Los Angeles 33.
- PIONEERS MEMORIAL HOSPITAL 11th Annual Medical and Surgical Postgraduate Assembly. March 17-18. Pioneers Memorial Hospital, Brawley. Contact: George C. Holleran, M.D., Program Chairman, P. O. Box 159, Brawley.

APRIL MEETINGS

- INDUSTRIAL MEDICAL ASSOCIATION. Biltmore Hotel, Los Angeles, April 11 through 13. Contact: Leonard Arling, M.D., secretary, The Northwest Industrial Clinic, 3101 University Avenue, S.E., Minneapolis 14.
- CALIFORNIA MEDICAL ASSOCIATION Annual Meeting, Ambassador Hotel, Los Angeles. April 30 through May 3. Contact: John Hunton, executive secretary, 693 Sutter Street, San Francisco 2; or Ed Clancy, director of public relations, 2975 Wilshire Blvd., Los Angeles 5.

Pacific Coast Oto-Ophthalmological Society Annual Meeting. April 30-May 4. Riviera Hotel, Palm Springs. Contact: Al Miller, M.D., Secretary, 500 South Lucas Ave., Los Angeles 17.

MAY MEETINGS

- Los Angeles County Heart Association Annual Meeting, May 3, 12:00 noon to 2:00 p.m. Pacific Ballroom, Statler Hilton Hotel, Los Angeles. Contact: Mrs. Sally Smalley, Public Information Director, 2405 W. 8th Street, Los Angeles 57.
- HAWAII MEDICAL ASSOCIATION ANNUAL MEETING. May 4-7. Honolulu, Hawaii. *Contact:* Lee McCaslin, Executive Secretary, 510 So. Beretania, Honolulu 13.
- AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS (for members and invited guests). May 10-12. Del Monte Lodge, Pebble Beach. Contact: William J. Engel, M.D., Secretary-Treasurer, Cleveland Clinic, 2020 E. 93rd St., Cleveland 6, Ohio.
- NEVADA CHAPTER AMERICAN ACADEMY OF GENERAL PRAC-TICE. May 18-20, Riverside Hotel, Reno, Nevada. Contact: John M. Watson, Secretary, 1845 Prater Way, Sparks, Nevada.
- MEDICAL STAFF OF CHILDREN'S HOSPITAL OF THE EAST BAY Ninth Annual Clifford Sweet Seminar. May 18, 19 and 20. Hotel Claremont, Berkeley, and Children's Hospital of the East Bay. *Contact:* Seymour J. Harris, M.D., chairman, Lectureship Committee, 401 29th Street, Oakland 9
- CALIFORNIA HEART ASSOCIATION Annual Meeting and Scientific Session. May 19 through 21, Disneyland Hotel, Anaheim. Contact: J. Keith Thwaites, Exec. Director 1370 Mission Street, San Francisco.
- AMERICAN ORTHOPAEDIC ASSOCIATION (members and guests). May 22-25. The Ahwahnee Hotel, Yosemite. Contact: Lee Ramsay Straub, M.D., Secretary, 535 E. 70th St., New York 21.
- AMERICAN UROLOGICAL ASSOCIATION, INC. May 22-25.
 Biltmore Hotel, Los Angeles. Contact: Mr. William P.
 Didusch, Executive Secretary, 1120 N. Charles St.,
 Baltimore 1.
- MEMORIAL HOSPITAL OF LONG BEACH, Third Annual Medical Staff Symposium. May 24. New Memorial Hospital, 2801 Atlantic Ave., Long Beach 6. Contact: George X. Trimble, M.D., secretary, Memorial Hospital of Long Beach.

SUMMER AND FALL MEETINGS

- WESTERN BRANCH, AMERICAN PUBLIC HEALTH ASSOCIA-TION Annual Meeting (joint with U. S. Mexico Border Public Health Association). June 26 through 29. El Cortez Hotel, San Diego. Contact: Robert E. Mytinger, M.P.H., director, Executive Office Western Branch, APHA, 693 Sutter Street, San Francisco 2.
- NEVADA STATE MEDICAL ASSOCIATION 58th Annual Meeting and 11th Annual Conference of the Reno Surgical Society. August 23-26. Reno, Nevada. Contact: Mr. Nelson B. Neff, Exec. Secretary, Nevada State Medical Association, 506 Humboldt St., Reno.
- WASHINGTON STATE MEDICAL ASSOCIATION Annual Convention. September 17-20. Olympic Hotel, Seattle, Wash. Contact: R. W. Neill, 1309 7th Ave., Seattle.
- Los Angeles County Heart Association Professional Symposium. October 11-12. 9 a.m.—5 p.m., Statler Hilton Hotel, Los Angeles. *Contact:* Manuel Siegel, Program Director, 2405 W. 8th St., Los Angeles 57.
- California Academy of General Practice 1961 Scientific Assembly. October 15-18. Statler Hilton Hotel, Los Angeles. *Contact:* William W. Rogers, Exec. Secretary, 461 Market Street, San Francisco 5.

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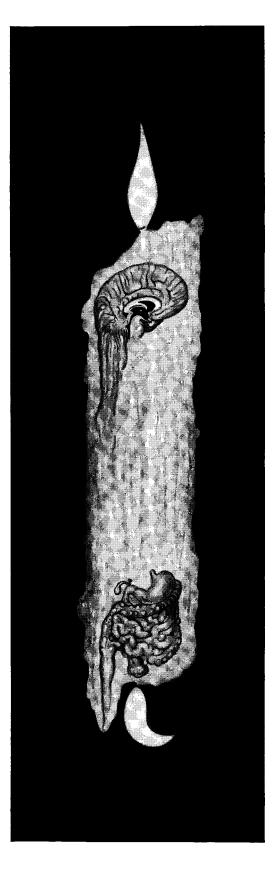
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WANTED—YOUNG INTERNIST, Board Certified or Board Eligible to become associated with group of twelve doctors. Salary of \$1000.00 per month plus automobile allowance, with all other bills paid for by the group. Contact M. R. Karstaedt, Business Manager, P.O. Box 7, Visalia, California.

ACCREDITED RESIDENCY—Internal Medicine—July 1st, 1961 appointments Eligible for California Licensure. CLINICAL AND/OR RESEARCH FELLOWSHIPS—\$4,800-\$5,400 per annum, available July 1st and January 1st, Cardiology, Chest Diseases and Hematology, minimum pre-requisite two years residency in Internal Medicine, eligible California licensure. Write Dr. Ernest Beutler, M.D., Chairman, Department of Medicine, City of Hope Medical Center, Duarte, California.

WANTED: GENERALISTS AND SPECIALISTS. California licensed for clinics, associations and partnerships. We cover all areas of the State. Hospital facilities and housing checked for you. Information gladly. CONTINENTAL-PACIFIC COAST MEDICAL BUREAU, Agency, 430 North Camden Drive, Beverly Hills, California, or 703 Market St., San Francisco.

PATHOLOGY Residencies available beginning Jan., April and July 1961 in large VA teaching hospital now activating a new Palo Alto division, to include by January 1961 approx. 250 Medicine and Surgery beds with special Dermatology unit, 141 Neurology beds, 510 Geriatrics beds and 175 Acute Psychiatry beds. Hospital will reach load of 2160 by enlargement of all departments. Residency programs integrated with those of Stanford University. Research activities encouraged. Excellently staffed and equipped laboratory headed by pathologist certified in AP & CP. Salaries \$291-497/mo., with \$582-886/mo. for VA career residents. Inquire of Executive, Department of Pathology, Stanford University School of Medicine, Stanford, California.

OTOLARYNGOLOGISTS, Board eligible, for outstanding groups, Southern California and Valley town. OBSTETRICIAN-GYNECOLOGISTS, under 40, certified or eligible, three-man team, generous salary, potential partnership, coastal town; excellent association San Francisco Peninsula for Board Certified or eligible man to age 35—salary for first year, then partnership; and also choice opening in Southern California. ORTHOPEDISTS, exceptional opportunities in San Diego, San Francisco Peninsula and East Bay. UROLOGIST, Bay area association. INTERNIST, young, for Southern California group. CLINICAL RESEARCH—for top pharmaceutical company—Eastern location GENERAL PRACTITIONERS, exceptional opportunities throughout California. Norma Rohl, THE MEDICAL CENTER AGENCY, FLOOD BUILDING, Suite 410-414, 870 Market Street, San Francisco 2, YU 2-3412.

MAJOR SOUTHERN CALIFORNIA HOSPITAL seeking well qualified physician to head E.M.G. and E.E.G. Service. Contact Box 95,690, California Medicine.

INTERNIST (generalist acceptable) FOR LOCUM TENENS from January thru June, possibly longer, to work with congenial group of 15 physicians in S. F. Bay Area (Richmond). Salary according to training and experience. Opportunities for permanent position. Write Med. Dir., Permanente Medical Group, 14th & Cutting Blvd., Richmond.

SITUATIONS WANTED

GENERAL PRACTITIONER—experienced in general surgery wishes to locate with group or individual associate. California license. Presently available for interview. Prefer San Francisco or upper Peninsula area. Box 95,700, California Medicine.

PEDIATRICIAN—Los Angeles. Board certified or eligible, for 18-man Group (individuals in practice). Will guarantee \$18,000 to start. Box 95,670, California Medicine.

GENERAL SURGEON: age 35 years; Board eligible; married with family; desires location or association on West Coast; California licensed; willing to do limited GP; available for interview. Box 95,705, California Medicine.

PART TIME position wanted. Institutional, hospital, private sanatorium, or independent practice association. Excellent medical background, highly qualified, extensive experience in fields of Internal Medicine, Pulmonary Tuberculosis, Psychiatry, Geriatric Rehabilitation Medicine and General Medicine. Box 95,680, California Medicine.

OBSTETRICIAN-GYNECOLOGIST; 32; married; board qualified and available June, 1961; military service completed; desires association and/or partnership with individual or group; California license. Contact Wilson J. Rabban, M.D., 1813 Bernard St., Bakersfield, Calif.

BOARD CERTIFIED CARDIOLOGIST AND INTERNIST, 35, California license. Now university instructor in England. Available July 1st. Especially interested in clinical cardiology and teaching. Please write Ardmore, Church Road, Osterley, Middlesex, England.

PEDIATRICIAN—Available July 1961. Training—two years general pediatrics and one year pediatric cardiology at Mayo Foundation. Prefer association with another pediatrician or specialist group. Will be in California in late January for interviews. Box 95,675, California Medicine.

G.P.-33, W/M, experienced, married, veteran, California license, U. S. trained, seeks opportunity in California. Box 95,665, California Medicine.

OPHTHALMOLOGIST, middle fifties, university hospital trained, certified, California licensed, desires association with California physician. Major surgery only in assistant's capacity. Pleasant working conditions more important than size of income. Box 95,660, California Medicine.

PRACTICES FOR SALE

FOR SALE: GENERAL PRACTICE, and home with office adjoining. Refrigeration. Desert area, boating, fishing and hunting. Hospital available. \$30,000, terms. Collections should exceed this in one year. Box 95,650, California Medicine.

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ELEVEN-YEAR PRACTICE in exclusive rapidly growing Oakland suburb. Fully equipped office for one or two men, internal medicine or general practice. Will stay to introduce. Box 95,645, California Medicine.

(Continued on Page 80)





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Sleep is sorcery...enchanted healer of care. And non-barbiturate Placidyl is the wand that subtly summons it. Placidyl casts a spell both prompt and effective...then lifts it, without hangover, on a refreshed new morning. No magic required to grant slumber to the restive. Just...sssh!...Placidyl.





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Wallace Laboratories, Cranbury, New Jersey

low-back patient

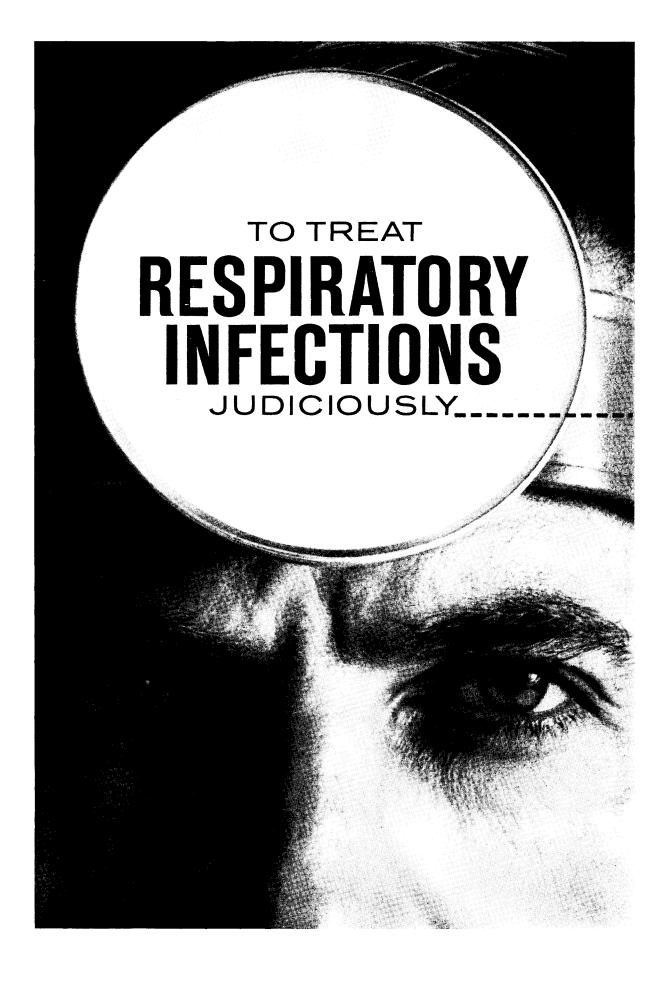
Soma relieves stiffness -stops pain, too

YOUR CONCERN: Rapid relief from pain for your patient. Get him back to his normal activity and fast!

HOW SOMA HELPS: Soma provides direct pain relief while it relaxes muscle spasm.

YOUR RESULTS: With pain relieved, stiffness gone, your patient is soon restored to full activity—often in days instead of weeks.

Soma is notably safe. Side effects are rare. Drowsiness may occur, but usually only in higher dosages. Soma is available in 350 mg. tablets. USUAL DOSAGE: 1 TABLET Q.I.D.



When it's penicillin-susceptible and the patient is not allergic **Use an orally maximal penicillin**



Consistent dependable therapeutic response through maximal absorption, maximal serum concentration and longer duration of inhibitory antibiotic levels for less susceptible organisms.

Available as Maxipen Tablets, 125 mg. and 250 mg.; Maxipen for Oral Solution, 125 mg. per 5 cc. of reconstituted liquid.

Literature on request

or

When you hesitate to use penicillin (eg. possible bacterial resistance or allergic patient)

You can count on



Extends the Gram-positive spectrum of usefulness to include many staphylococci resistant to one or more of the commonly used antibiotics...narrows the spectrum of side effects by avoiding many allergic reactions and changes in intestinal bacterial balance.

Available as Tao Capsules, 250 and 125 mg.; Tao Oral Suspension, 125 mg. per 5 cc; Tao Pediatric Drops, 100 mg. per cc. of reconstituted liquid; Intramuscular or Intravenous as oleandomycin phosphate.

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Formulated from Pfizer's line of fine pharmaceutical products



New York 17, N. Y., Division, Chas. Pfizer & Co., Inc. Science for the World's Well-BeingTM

There's hardly a case of 'accrous gut'' that mon't respond to PRATTYT

(dizyclomine) hydrochloride



(from infancy to old age)

The effectiveness of antispasmodic BENTYL has been confirmed by a decade of consistently good results. Prolonged relief from G.I. spasm and pain is usually attained in 30 minutes or less.

REFERENCES: 1. Lorber, S. H., and Shay, H.: Gastroenterology 28:274, 1955. 2. Hock, C. W.: J. M. A. Georgia 40:22, 1951. 3. Chamberlin, D. T.: Gastroenterology 17:224, 1955. 4. Steves, M. F.: Ohio State M. J. 48:615, 1952. 5. Derome, L.: Canad. M. A. J. 69:532, 1953. 6. Pakula, S. F.: Postgrad. Med. 11:123, 1952. 7. Guerrero, R. M., Cancio, R., and Songeo, R.: Phil. J. Pediat, 2:30, 1953. 8. Hock, C. W.: J. M. A. Georgia 43:124, 1954. 9. Hufford, A. R.: Am. J. Digest, Dis. 19:257, 1952. 10. Brown, D. W., and Guilbert, G. D.: Am. J. Ophth. 36:1735, 1953. 11. Cholst, M., Goodstein, S., Berens, C., and Cinotti, A.: J.A.M.A. 166:1276, 1958. 12. Brown, B. B., Thompson, C. R., Klahm, G. R., and Werner, H. W.: J. Am. Pharm. A. (Sc. Edit. 99:305, 1950. 13. Hufford, A. R.: J. Michigan M. Soc. 49:1308, 1950. 14. McHardy, G. G., Browne, D. C., Marek, F. H., McHardy, R., and Ward, S.: J.A.M.A. 14:11620, 1951. 15. Esses, E., Magee, D. F., and Ivy, A. C.: Gastroenterology 31:574, 1952. 16. Northrup, D. W., Stickney, J. C., and Van Liere, E. J.: Am. J. Physiol. 171:513, 1952,

There's hardly ever a case who can't tolerate BENTYL

(dicyclomine) hydrochloride

97% well tolerated (even in glaucoma patients)

The use of BENTYL in glaucoma patients is an unusual index of its safety.⁹⁻¹¹ Because of highly selective action on the G.I. tract, blurred vision, dry mouth or urinary retention rarely occur.

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17. Lorber, S. H., and Shay, H.: Fed. Proc. 12:90, 1953. 18. Johnston, R. I.: J. Indiana M. A. 46:869, 1953. 19. Marien, B., Webster, D. R., and Tidmarsh, C. J.: Gastroenterology 24:200, 1953. 20. Hardin, J. H., Levy, J. S., and Seager, L.: South. M. J. 47:1190, 1954. 21. Sleisenger, M. H., Eisenbud, M., and Almy, T. P.: Gastroenterology 27:829, 1954. 22. Weiss, S.: Am. J. Gastroenterology 23:69 (Editorial) 1955. 23. Illingworth, R. S.: Lancet 2:1119, 1959. 24. McHardy, G. G., and Browne, D. C.: South. M. J. 45:1189, 1952. 25. Miller, B. N.: J. South Carolina, M. A. 48:1, 1952.



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Of increasing importance is the ability of LIPO-HEPIN to alter the physiochemical state of serum lipids, a suspect in the most recent concept of atherosclerotic disease and resulting vascular occlusion.

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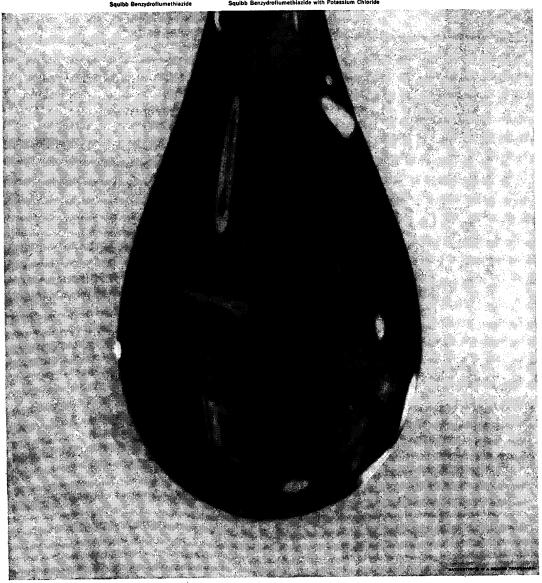


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Proven

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Effective

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Outstandingly Safe

- simple dosage schedule produces rapid, reliable tranquilization without unpredictable excitation
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- does not impair mental efficiency or normal behavior

Miltown[®]

. Usual dosage: One or two 400 mg. tablets t.i.d. Supplied: 400 mg. scored tablets, 200 mg. sugar-coated tablets; or as MEPROTABS*-400 mg. unmarked, coated tablets.

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same old problem...



a new solution...



equally effective on dry or oily scalps



A new preparation for the treatment of dandruff — afforded 95% control of symptoms in 714 cases studied.

From Abbott Laboratories—makers of SELSUN®—comes an outstanding new treatment for common dandruff.

WHAT IS IOQUIN?

Ioquin is a non-toxic suspension of 10% w/v diiodohydroxyquin (U.S.P.) in an aqueous base pleasantly scented with lavender.

HOW EFFECTIVE IS IOQUIN?

In clinical trials, Ioquin produced satisfactory control in more than 95% of 714 patients studied. The patients were about evenly divided between men and women.

HOW SAFE IS IQQUIN?

In the trials previously mentioned, no cases of sensitivity were reported. The investigators found Ioquin to be extremely well tolerated . . . even by patients treated regularly over a period of several months.

WHAT ARE THE INDICATIONS?

Ioquin is indicated for the treatment of mild or severe seborrheic dermatitis . . . and is equally effective for dry or oily scalps.

HOW DO YOU USE IOQUIN?

Treatment with Ioquin is a simple wash and rinse procedure. Most cases of simple dandruff can be brought under control in two to three weeks and kept under control with weekly applications (some cases are controlled with even less frequent applications).

HOW IS IOQUIN SUPPLIED?

Ioquin is supplied in 120 ml. green plastic squeeze bottles. List No. 6907.

IN SUMMARY...

Ioquin is an effective new preparation for the treatment of common dandruff. It has been shown to be safe and effective in clinical trials. It is a professional product in every sense of the word. It will be detailed to physicians and sold through pharmacies only. For complete details, see your Abbott man, or drop us a line...we'll be happy to send you the literature.

IOQUIN-Diiodohydroxyquin, Abbott; SELSUN-Selenium Sulfide, Abbott

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After a history and a physical ruled out organic disease, the physician diagnosed the case as recurring states of anxiety. To relieve these symptoms for this busy, on-the-go housewife, he prescribes Meprospan-400, the *only* meprobamate in *sustained-release* form.



Calm and relaxed, the patient is no longer upset by the pressures and irritations met in everyday life, nor is she likely to be incapacitated by autonomic disturbances, drowsiness, ataxia or other untoward reactions.



Peacefully asleep, the patient enjoys beneficial rest... Meprospan-400 has relieved the tensions that previously prevented sleep or kept her tossing and turning throughout the night.



As directed, the patient takes one Meprospan-400 capsule at breakfast. Her symptoms of tension and nervousness are soon relieved, and she will not have to remember to take another capsule until dinnertime.



Alert and attentive, the patient participates in a P.T.A. meeting, following her second capsule of Meprospan-400 taken with the evening meal. Meprospan-400 does not decrease her mental efficiency or interfere with her normal activities or behavior.

most widely prescribed tranquilizer... most convenient dosage form...

ONE CAPSULE LASTS 12 HOURS

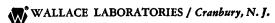
Meprospan^e-400

400 mg. MILTOWN® SUSTAINED-RELEASE CAPSULES

Usual dosage: One capsule at breakfast lasts all day, one capsule with evening meal lasts all night. Supplied: Meprospan-400, each blue-topped sustained-release capsule contains 400 mg. Miltown. Also available: Meprospan-200, each yellow-topped sustained-release capsule contains 200 mg. Miltown. For children: Capsules can be opened and the coated granules mixed with soft foods or liquids.

Both potencies in bottles of 30.

Samples and literature available on request.





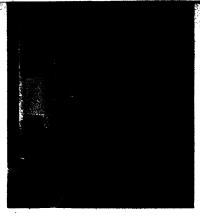


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for "special-problem" patients...
when corticosteroid therapy is indicated

Aristocort

unsurpassed "general-purpose" steroid outstanding for "special-purpose" therapy



in allergic respiratory disorders

Aristocort

UNSURPASSED "GENERAL-PURPOSE" STEROID OUTSTANDING FOR "SPECIAL-PURPOSE" THERAPY

ARISTOCORT Triamcinolone has long since proved its unsurpassed efficacy and relative safety in treating allergic respiratory disorders, including bronchial asthma. Clinical evidence has now shown that ARISTOCORT is also highly valuable for "special-problem" patients—asthmatic and others—who, because of certain complications, were hitherto considered poor candidates for corticosteroids.

for example:

PATIENTS WITH IMPENDING CARDIAC DECOMPENSATION

In contrast to most of its congeners, ARISTOCORT is not contraindicated when edema is present or when cardiac decompensation impends.¹

PATIENTS WITH EMOTIONAL AND NERVOUS DISORDERS
Triamcinolone did not produce psychic disturbances or insomnia.²

PATIENTS WHOSE APPETITES SHOULD NOT BE STIMULATED

Among patients treated with ARISTOCORT, there was less appetite stimulation, especially in those who had previously gained weight on long-term therapy with other steroids.³

PATIENTS WITH HYPERTENSION

There was no blood pressure increase in any patient treated for bronchial asthma, and in some, blood pressure fell. Of these, three had been hypertensive.

Deferences

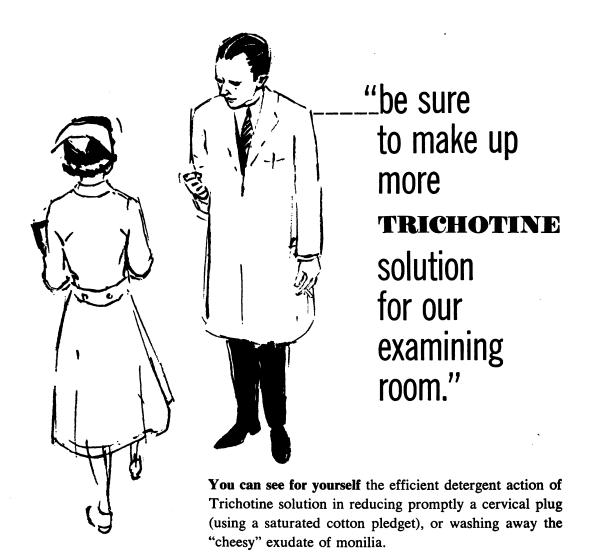
- McGavack, T. H.; Kao, K. Y. T.; Leake, D. A.; Bauer, H. G., and Berger, H. E.: Am. J. M. Sc. 236:720 (Dec.) 1958.
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- 3. Friedlaender, S., and Friedlaender, A. S.: Antibiotic Med. & Clin. Ther. 5:315 (May) 1958.
- 4. Sherwood, H., and Cooke, R. A.: J. Allergy 28:97 (March) 1957.

Precautions: Collateral hormonal effects generally associated with corticosteroids may be induced. These include Cushingoid manifestations and muscle weakness. However, sodium and potassium retention, edema, weight gain, psychic aberration and hypertension are exceedingly rare. In the treatment of allergic respiratory disorders, dosage should be individualized and kept at the lowest level needed to control symptoms. Dosage should not exceed 36 mg. daily without potassium supplementation. Drug should not be withdrawn abruptly. Contraindicated in herpes simplex and chicken pox.

Supplied: Scored tablets-1 mg. (yellow); 2 mg. (pink); 4 mg. (white); 16 mg. (white).

Also available—syrup, parenteral and various topical forms.





TRICHOTINE is just as effective for therapeutic irrigation by your patient at home

The same qualities — detergency, antisepsis, healing — make Trichotine ideal for the treatment of cervico-vaginitis and leukorrheas, alone or in conjunction with other antimicrobials. In the itching, burning, and foul odor of non-specific vaginitis and leukorrhea the action of Trichotine is immediate and gratifying to the patient.

The more you expect of a douche, the more you will use Trichotine in the office and prescribe it for home irrigation, and recommend it as well for postmenstrual and postcoital hygiene.

The modern detergent

douche

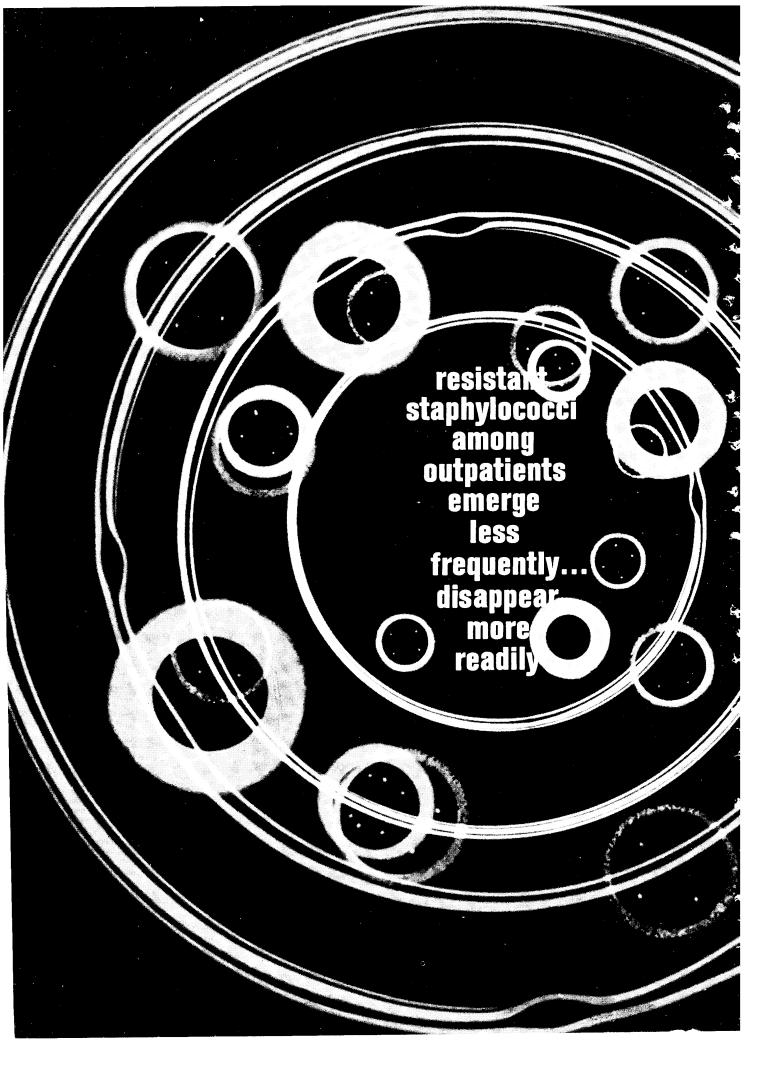
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THE FESLER COMPANY, INC. 375 Fairfield Avenue, Stamford, Conn. Active ingredients: sodium lauryl sulfate, sodium perborate and sodium borate.

Assure balanced nutritional support from the very first days of life with VI-PENTA DROPS—dependable vitamin formulations.

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Vitamins to meet their growing needs



CHLOROMYCETIN

chloramphenicol, Parke-Davis

"Resistance to chloramphenicol was surprisingly infrequent (0-5%)" among strains of staphylococci isolated from outpatients over a 5-year period. It was impressive to note that less than 6% of 310 strains isolated from patients treated in the emergency room were resistant to CHLOROMYCETIN. Moreover, it would appear "...that chloramphenicol-resistant staphylococci disappear more readily after leaving the hospital environment." 1

Goslings and Büchli² report that "...resistance was lost entirely after 3 months..." in the small percentage of patients who carried staphylococcal strains resistant to CHLOROMYCETIN. Numerous other investigators concur in the observation that staphylococcal resistance to CHLOROMYCETIN is of a low order.³⁻⁸

CHLOROMYCETIN (chloramphenicol, Parke-Davis) is available in various forms, including Kapseals® of 250 mg., in bottles of 16 and 100.

CHLOROMYCETIN is a potent therapeutic agent and, because certain blood dyscrasias have been associated with its administration, it should not be used indiscriminately or for minor infections. Furthermore, as with certain other drugs, adequate blood studies should be made when the patient requires prolonged or intermittent therapy.

References: (1) Bauer, A. W.; Perry, D. M., & Kirby, W. M. M.: J.A.M.A. 173:475, 1960. (2) Goslings, W. R. O., & Büchli, K.: Arch. Int. Med. 102:691, 1958. (3) Goodier, T. E. W., & Parry, W. R.: Lancet 1:356, 1959. (4) Fisher, M. W.: Arch. Int. Med. 105:413, 1960. (5) Petersdorf, R. G., et al.: Arch. Int. Med. 105:398, 1960. (6) Glas, W. W., in Symposium on Antibacterial Therapy, Michigan & Wayne County Acad. Gen. Pract., Detroit, September 12, 1959, p. 7. (7) Modarress, Y.; Ryan, R. J., & Francis, Sr. C. E.: J. M. Soc. New Jersey 57:168, 1960. (8) Rebhan, A. W., & Edwards, H. E.: Canad. M. A. J. 82:513, 1960.

IN VITRO SENSITIVITY OF COAGULASE-POSITIVE STAPHYLOCOCCI TO CHLOROMYCETIN FROM 1955 TO 1959*

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| 1957 | | | 96% |
| 1958 | | | 95% |
| 1959 | 1975 S. 1975 S | | 95% |

These sensitivity tests were done by the disc method on 310 strains of coagulase-positive staphylococci. Strains were isolated from patients seen in the emergency room. It should be noted that among inpatients, resistant strains were considerably more prevalent.

*Adapted from Bauer, Perry, & Kirby1

10260

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Armour Pharmaceutical Company extends its thanks to the profession

In the several months since the introduction of our new oral systemic anti-inflammatory enzyme tablet, Chymoral, we have received some very encouraging comments from the profession regarding its clinical success in the enzymatic management of inflammatory processes. We would like to extend our thanks to those who have already used and commented on Chymoral. Since we are deeply interested in extending our knowledge of the therapeutic range of this new product, we will welcome any further comments you may want to make. To those who have not yet used Chymoral, we extend an offer to give it a therapeutic trial.

The therapeutic and prophylactic effects of Chymoral include anti-inflammatory, antiedematous and mucolytic activities. ¹⁻⁶ It liquefies thick secretions in

bronchitis and in asthma with bronchitis; eases the racking cough of emphysema and increases elimination of bronchial secretion; cuts healing time in accidental or surgical trauma; is a useful adjunctive therapy in inflammatory dermatoses; encourages healing in gynecologic conditions; reduces pain and swelling and thus promotes faster healing in urologic conditions; and reduces the extent of inflammatory changes in ophthalmic and otorhinolaryngic conditions.*

We are very pleased indeed that the product has found a useful place in the range of therapeutic tools available to the doctor for management of the inflammatory process. Armour feels that enzymes are a new and exciting development in anti-inflammatory therapy; one which may well carry chemotherapeutics forward a long step.

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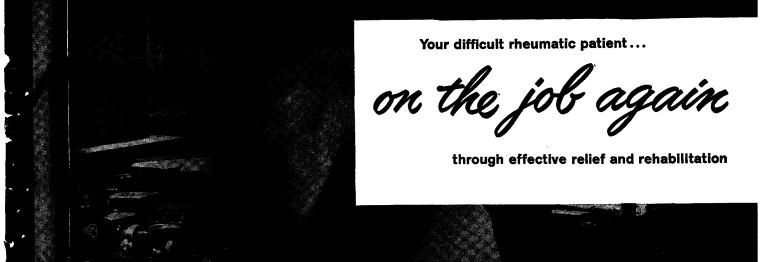
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*Initial dosage is 2 tablets q.i.d. Maintenance, 1 tablet q.i.d.



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For the patient who does not require steroids

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Reciprocally acting nonsteroid antirheumatics . . . more effective than salicylate alone. In each enteric-coated tablet:

Sodium salicylate U.S.P.....0.3 Gm. (5 gr.)

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Pabalate, with sodium salts replaced by potassium salts.

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Potassium salicylate0.3 Gm. (5 gr.)
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(PABALATE WITH HYDROCORTISONE)

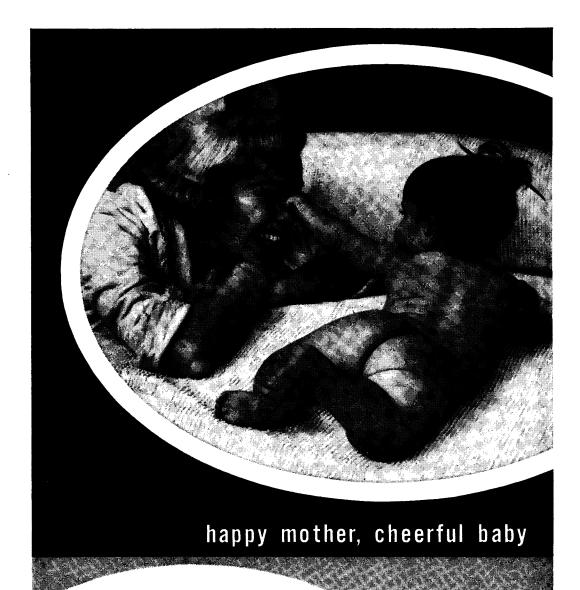
Comprehensive synergistic combination of steroid and nonsteroid antirheumatics... full hormone effects on low hormone dosage... satisfactory remission of rheumatic symptoms in 85% of patients tested.

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because their physician has kept her baby well nourished, healthy-and

free from diaper rash

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Protects against irritation of urine and excrement; markedly inhibits ammonia-producing bacteria; soothes, lubricates, stimulates healing.

For samples of Desitin Ointment, pioneer external cod liver all therapy, write DESITIN CHEMICAL COMP.
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For demonstrably greater relief in asthma¹

GUEARS the bronchial tree of thick mucus and DULATES the bronchioles

Bronkotabs is more effective because it is more comprehensive in treatment. First, Bronkotabs dilates bronchioles, combats local edema and provides mild sedation.

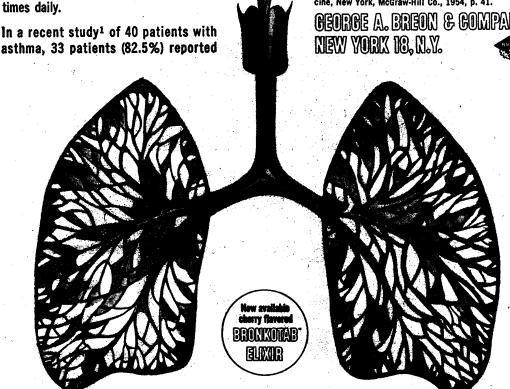
In addition, Bronkotabs decongests, using a most effective expectorant (glyceryl guaiacolate)2 to liquefy and help expel the thick, tenacious mucus which is the cause of much of the respiratory distress in chronic asthma.3 Since asthma is a chronic allergic disease of the bronchial tree,3 Bronkotabs also supplies a highly efficient antihistamine (thenyldiamine) for prophylactic maintenance.4 Marked and consistent relief of symptoms with minimum side effects can be expected with a dose of one tablet every three or four hours, not to exceed five

Bronkotabs brought fair to good relief from asthmatic symptoms. Asthma relief was expressed by ease of expectoration of secretions, reduction of bronchospasm, and increased vital capacity. "The combination of drugs used in . . . [BRONKOTABS] ... gave greater relief in these patients than the conventionally used tablet [ephedrine, theophylline, phenobarbital]..."

BRONKOTABS DOES MORE FOR THE ASTHMATIC BECAUSE IT IS MORE COMPREHENSIVE IN ACTION, Each tablet contains: Theophylline 100 mg.; Ephedrine Sulfate 24 mg.; Phenobarbital 8 mg.; Thenyldiamine HCl 10 mg. and Glyceryl Guaiacolate 100 mg. Supplied: bottles of 100 white scored tablets.

References: 1. Spielman, A. D.: In press. 2. Schwartz, E., et al.: Am. Pract. & Digest Treat. 7:585, 1956. 3. Ogden, H. D., and Fuchs, M.: J. Louisiana M. Soc. 111:175, 1959. 4. Drill, W. A.: Pharmacology in Medicine, New York, McGraw-Hill Co., 1954, p. 41.

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(Continued from Page 52)

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NOW LEASING—SOUTH GATE MEDICAL CENTER available March 15. Located in highly populated, fast growing area of South Sacramento. Clinical lab, X-ray and pharmacy services. Dr. Florence, GL 2-1934; HI 4-6180.

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MODERN MEDICAL BLDG. in Delano. Beautifully landscaped, 2155 sq. ft., 3 blks. from hospital. Plenty of parking plus carport. Recpt. rm., off., nurses sta., cons. rm, x-ray rm., dev. rm., lab., surg., gyn., 3 treat. rms., 2 recovery rms., dress. & stor. rm., 2 lav., \$240 mo., liberal free rent allowed with lease. Write Hector Byrne, 1407 Jefferson St., Delano, Calif.

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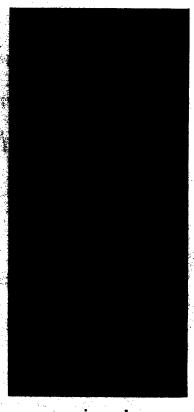
OAKLAND—SPACIOUS MEDICAL SUITE for lease—Heart of medical and hospital area. Modern building, will decorate and partition to suit. Elevator, tenant parking, convenient patient parking. Radiant heat, newly air-conditioned. Located in Oakland on 29th Street between Telegraph and Broadway. Write or call owner, 4002 Macdonald Avenue, Richmond, California. BE 5-3182. Ask for Mr. Smith.

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anticholinergic KEEPS THE STOMACH FREE OF PAIN

tranquilizer THE MIND OFF THE STOMACH



Milpath acts quickly to suppress pain and spasm, and to allay anxiety and tension with minimal side effects.

AVAILABLE

IN TWO

POTENCIES:

Milpath-400 — Yellow, scored tablets of 400 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dósage: 1 tablet t.j.d. at mealtime and 2 at bedtime.

Milpath-200 — Yellow, coated tablets of 200 mg. Miltown (meprobamate) and 25 mg. tridihexethyl chloride. Bottle of 50.

Dosage: 1 or 2 tablets t.i.d. at mealtime and 2 at bedtime.

Miltown + anticholinergic

WALLACE LABORATORIES Cranbury, N. J.



I had six honest serving men
they taught me all I knew;
their names were where and what and when
and why and how and who.

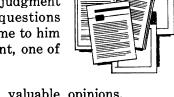
-- RUDYARD KIPLING

GIDDEN IN KIPLING'S JINGLE is a message of import to investors: get answers to *all* the questions—and don't skip one!

Suppose you know where, what, when, why and how. But you don't know who manages the company. A small company can prosper with capable management, while a large, established company can be ruined by inept management.

Obviously, intelligent decisions can't be based on the answers to five questions when you need the answers to six.

Suggestion: Talk to a Dean Witter Account Advisor. His judgment is based on experience and information. Answers to questions about the market, individual securities and industries come to him in a steady stream from our 72 man Research Department, one of the largest in the U.S.





Our Account Advisors and Analysts have valuable opinions, too—conclusions drawn from solid facts plus that "feel" for the situation that comes after years in this kind of work. Good team to have working for you!

If you're looking for the vital answers needed for intelligent investment decisions, get in touch with a Dean Witter Account Advisor.

DEAN WITTER & Co.

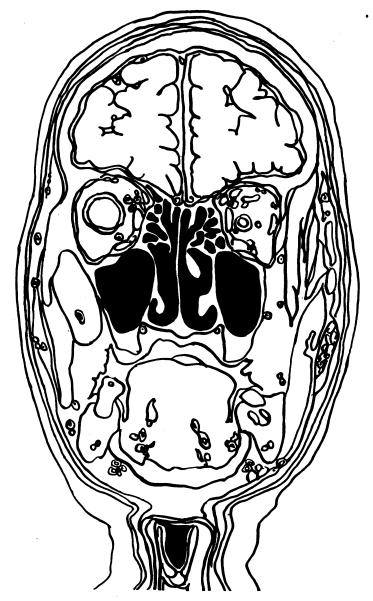
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effective control of pathogens...with an unsurpassed record of safety and tolerance

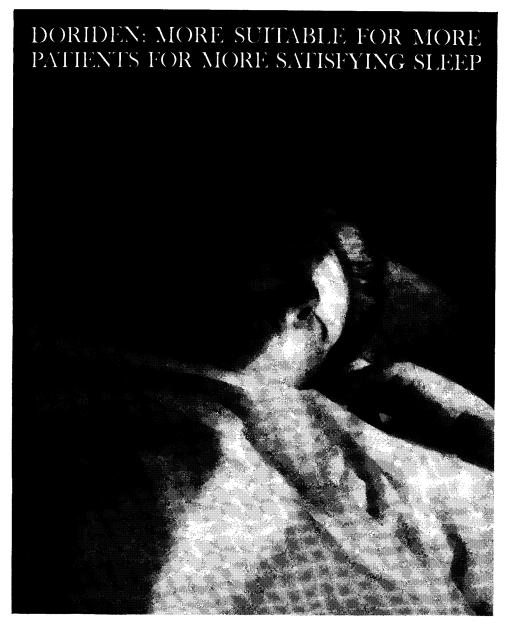


BRISTOL LABORATORIES, SYRACUSE, NEW YORK Div. of Bristol-Myers Co.



SUPPLY: TETREX Capsules — tetracycline phosphate complex — each equivalent to 250 mg. tetracycline HCl activity. Bottles of 16 and 100.

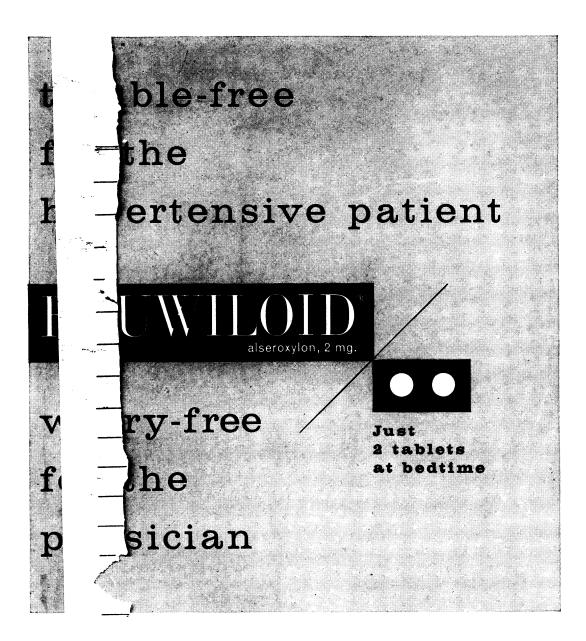
TETREX Syrup — tetracycline (ammonium polyphosphate buffered) syrup — equivalent to 125 mg. tetracycline HCl activity per 5 ml. teaspoonful. Bottles of 2 fl. oz. and 1 pint.



Doriden offers sound, restful sleep for patients who are sensitive to barbiturates, elderly patients, patients with low vital capacity and poor respiratory reserve and those who are unable to use barbiturates because of hepatic or renal disease. Onset of sleep with Doriden is smooth and gradual, usually with no preliminary excitation. Doriden acts within 30 minutes, and sleep lasts for 4 to 8 hours. Except in rare cases, no "hangover" or "fog," because Doriden is rapidly metabolized. SUPPLIED: Tablets, 0.5 Gm., 0.25 Gm. and 0.125 Gm.

Complete information sent on request.

(glutethimide CIBA)

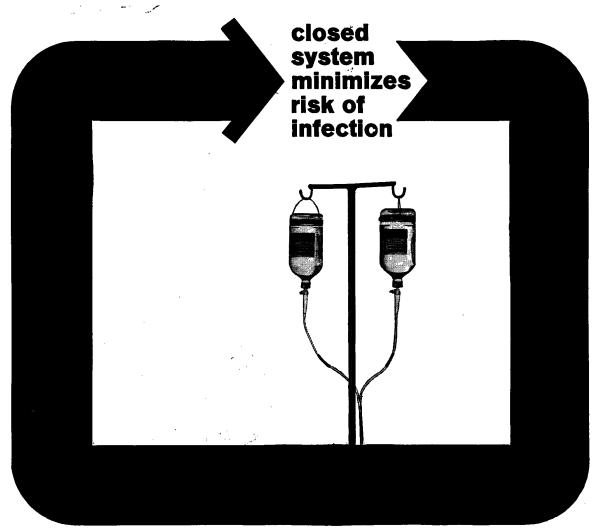


Eight years of continuous use...some 600,000,000 patient-days of effective, safe therapy with RAUWILOID ...prove enduring patient-acceptance and physician-satisfaction...without any revisions of claims, changes of dosage, or additional side actions encountered.

RAUWILOID

is an original development of





When Peridial is used the peritoneum becomes a dialyzing membrane through which filterable poisons or wastes are drawn into the Peridial solution and removed. The danger of contamination and risk of infection is greatly reduced by the specially designed closed system of infusion and drainage. Peridial flows through a special catheter into the peritoneal cavity. At the end of an hour, the Peridial solution is drained by gravity back into the original bottles without any break in sterile technique. This drawing off into the same bottles with the fluid line marked also permits accurate determination of the amount of fluid removed. As soon as the peritoneal cavity is empty, fresh Peridial solution is introduced with a new administration set.

This effective, practical, readily available medical procedure has been successfully used in treatment of acute renal failure, barbiturate poisoning, intractable edema, hepatic coma, hypercalcemia and chronic uremia, and has been reported useful in acute methyl alcohol poisoning.*

Available in 1 liter flasks with administration sets and catheter. Peridial with 1½% dextrose Peridial with 7% dextrose

FOR PERITONEAL DIALYSIS Peridial®

*Stinebaugh, B. J.: A.M.A. Arch. Int. Med. 105:613, 1960.

